

## Bundle Public Board Meeting 27 May 2022

### Agenda

Final Agenda Public Board Meeting 27 May 2022.docx

- 1 09:00 - Welcome, introductions and apologies:
- 2 Declarations of interest
- 3 Questions from members of the public
- Minutes adoption for approval*
- 4 09:10 - Minutes of previous meeting and matters arising:  
Item 4a Draft Public Board minutes 31 March 2022 V2.docx
- 4.a Minutes of the meetings held on 31 March 2022
- 4.b Actions' log  
Item 4b Public Board Actions log 27 May 2022.doc
- 5 09:15 - Patient's story: Harry's Story
- 6 09:35 - Chief Executive's report: including update on system pressures  
Item 6 CEO report Board May 2022.docx
- 7 09:45 - Committee Chairs' Assurance Reports:
- 7.a Audit Committee: 22 April 2022  
Item 7a AC Chairs assurance report April 2022.docx
- 7.b Quality Committee: 25 April 2022 and 23 May 2022  
Item 7b QC Chairs assurance report April 2022.docx
- 7.c Business Committee: 27 April 2022 and 25 May 2022  
Item 7c BC Chairs assurance report April 2022.docx
- 8 10:10 - Performance reports:
- 8.a Performance brief April 2022  
Item 8ai Performance brief cover paper.docx  
Item 8aii Performance Brief (April 2022) v1.0.docx
- 8.b Performance brief report 2021/22  
Item 8b Final Performance Brief - Year End 21-22.docx
- 9 10:20 - Significant Risks and Board Assurance Framework (BAF) Summary Report  
Item 9 Significant risks and Board Assurance Framework (BAF) Board May 2022.docx
- 10 10:25 - Guardian for Safe Working Hours - Dr Dr Nagashree Nallapetta presenting
- 10.a Quarter 4 update  
Item 10a Cover paper GoSWH Quaterly report May 2022 Final.docx
- 10.b Annual Report 2021-22  
Item 10b Cover paper GoSWH Annual report May 2022 Final.docx
- 11 10:35 - Ockenden Report - update  
Item 11 Ockenden update Board 27 May 2022.docx
- 12 10:45 - Workforce Strategy update  
Item 12 Workforce Strategy Business Committee and Board Update May 2022 Final.docx
- 13 11:05 - Children, Young People and Families Strategy 2022:25  
Item 13i Children Young People and Families Strategy Cover paper - Board papers 27.5.22.docx  
Item 13ii Children's Strategy 2022-25\_final\_links.pdf
- 14 11:15 - Infection Prevention Control Annual Report 2021-22  
Item 14 Annual Report IPC 21-22 V2.docx
- 15.a 11:20 - Quality Account  
Item 15ai Quality Account 2021 2022 Cover sheet for Board May 22.docx  
Item 15aii Quality Account Draft 2021 22 final draft for Board May 22.docx

- 15.b Quality Account core indicators  
Item 15b Quality Account 2021 2022 Core Indicators Addendum.docx
- 16 11:30 - Corporate Governance
- 16.a Audit Committee Annual Report 2021-22  
Item 16a Audit Committee annual report 2021-22 for Board meeting 27 May 2022.doc
- 16.b Committees' terms of reference review (to approve changes)  
Item 16b Committees review of terms of reference May 2022.docx
- 16.c Register of sealings (ratify)  
Item 16c Register of Sealings.docx
- 17 11:40 - Chair's / CEO action (to ratify)
- 17.a Losses and special payments  
Item 17a Chief Executive Chair's actions (Losses and compensation) Trust Board 27 May 2022 amend.docx
- 17.b Seacroft building refurbishment  
Item 17b Chief Executive Chair's actions (Seacroft Building refurb costs) Trust Board 27 May 2022.docx
- 18 11:50 - Leeds Health and Care Partnership Memorandum of Understanding  
Item 18i Leeds HCP Cover paper.docx  
Item 18iiLeeds HCP MoU v0.5Boardversion.pdf
- 19 12:05 - Any other business and questions on Blue Box items
- 20 Close of the public section of the Board
- 21 Quality Strategy update– reviewed by Quality Committee May 2022 - Blue Box  
Item 21 Quality Strategy Update May 2022 for Board.docx
- 22 Trust Priorities – 2021-22 Quarter 4 update and end of year report - reviewed by Quality Committee and Business Committee April 2022 - Blue Box  
Item 22 Trust Priorities Update Q4 2021\_22 May Final.docx
- 23 Mortality Reports – 2021-22 Quarter 4 update and Annual Report – reviewed by Quality Committee May 2022 - Blue Box  
Item 23a Mortality Q4 2021-22 v1.docx  
Item 23ai APPENDIX 1 QAIG Adult Mortality report Q4 2021.22 January-March 2022.pdf  
Item 23aiiAPPENDIX 2 Childrens Mortality Q4 21-22.docx  
Item 23aiii Annual mortality report 21.22 final.docx
- 24 Procurement Strategy update - reviewed by Business Committee May 2022 - Blue Box  
Item 24 Procurement-annual-report-2021-22 draft AD-2 final draft.rtf
- 25 Board workplan - Blue Box  
Item 25 Public Board workplan 2022-23 v1 03 04 22.xlsx
- 26 Approved minutes and briefing notes for noting: Blue Box
- 26.a Audit Committee: 11 March 2022  
Item 26a Approved AC minutes 11 March 2022.docx
- 26.b Quality Committee: 21 March 2022  
Item 26b Approved QC minutes 21 March 2022.docx
- 26.c Business Committee: 23 March 2022  
Item 26c Approved BC minutes 23 March 2022.docx

**+ Agenda Trust Board Meeting Held In Public**

Stockdale House Boardroom Floor 4

**Date** 27 May 2022

**Time** 9:00am – 12.10

**Chair** Brodie Clark CBE, Trust Chair

**All items listed (Blue Box) in blue text, are to be received for information/assurance, having previously been scrutinised by committees, and no discussion time has been allocated within the agenda. The Trust Chair will invite questions on any of these items under any other business.**

<b>AGENDA</b>			<b>Paper</b>
<b>2022-23 1</b>	9.00	<b>Welcome, introductions and apologies:</b> (Trust Chair) Apologies:	<b>N</b>
<b>2022-23 2</b>		<b>Declarations of interest</b> (Trust Chair)	<b>N</b>
<b>2022-23 3</b>		<b>Questions from members of the public</b>	<b>N</b>
<b>2022-23 4</b>	9.10	<b>Minutes of previous meeting and matters arising</b> (Trust Chair) *For approval*	
4a		Minutes of the meetings held on: 31 March 2022	<b>Y</b>
4b		Actions' log: 31 March 2022	<b>Y</b>
<b>2022-23 5</b>	9.15	<b>Patient story – Harry's Story</b> (Steph Lawrence)	<b>N</b>
<b>QUALITY AND DELIVERY</b>			
<b>2022-23 6</b>	9.35	<b>Chief Executive's report – including update on system pressures</b> (Thea Stein)	<b>Y</b>
<b>2022-23 7</b>	09:45	<b>Committee Chairs' Assurance Reports:</b>	
7a		Audit Committee: 22 April 2022 (Khalil Rehman)	<b>Y</b>
7b		Quality Committee: 25 April 2022 and 23 May 2022 (Verbal report) (Helen Thomson)	<b>Y</b>
7c		Business Committee: 27 April 2022 and 25 May 2022 (Verbal report) (Richard Gladman)	<b>Y</b>
<b>2022-23 8</b>	10:10	<b>Performance reports:</b> a) Performance brief April 2022 b) Performance brief report 2021/22 (Bryan Machin)	<b>Y</b> <b>Y</b>
<b>2022-23 9</b>	10:20	<b>Significant Risks and Board Assurance Framework (BAF) Summary Report</b> (Thea Stein)	<b>Y</b>
<b>2022-23 10</b>	10:25	<b>Guardian for Safe Working Hours</b> a) Quarter 4 update b) Annual report 2021-22 (Dr Nagashree Nallapetta)	<b>Y</b>

<b>2022-23 11</b>	10.35	<b>Ockenden Report</b> (Steph Lawrence)	<b>Y</b>
<b>STRATEGY</b>			
<b>2022-23 12</b>	10.45	<b>Workforce Strategy update</b> (Jenny Allen/Laura Smith)	<b>Y</b>
<b>BREAK</b>			
<b>SIGN OFF/APPROVAL</b>			
<b>2022-23 13</b>	11:05	<b>Children, Young People and Families Strategy 2022:25</b> (Steph Lawrence)	<b>Y</b>
<b>2022-23 14</b>	11.15	<b>Infection Prevention Control Annual Report 2021-22</b> (Steph Lawrence)	<b>Y</b>
<b>2022-23 15</b>	11.20	<b>Quality Account</b> (Steph Lawrence)	<b>Y</b>
<b>2022-23 16</b>	11.30	<b>Corporate Governance</b> (Thea Stein)	
16a		Audit Committee Annual Report 2021-22	<b>Y</b>
16b		Committees' terms of reference review (to approve changes)	<b>Y</b>
16c		Register of sealings (ratify)	<b>Y</b>
<b>2022-23 17</b>	11:40	<b>CEO and Chair's action (to ratify)</b> a) Losses and special payments b) Seacroft building refurbishment (Bryan Machin)	<b>Y</b> <b>Y</b>
<b>2022-23 18</b>	11.50	<b>Leeds Health and Care Partnership Memorandum of Understanding</b> (to approve) (Thea Stein)	<b>Y</b>
<b>CLOSE</b>			
<b>2022-23 19</b>	12.05	<b>Any other business and questions on Blue Box items</b> (Trust Chair)	<b>N</b>
<b>2022-23 20</b>	12.10	<b>Close of the public section of the Board</b> (Trust Chair)	<b>N</b>

<b>Additional items (Blue Box)</b>			
<b>2022-23 21</b>	<b>Quality Strategy update</b> – reviewed by Quality Committee May 2022		<b>Y</b>
<b>2022-23 22</b>	<b>Trust Priorities – 2021-22 Quarter 4 update and end of year report</b> - reviewed by Quality Committee and Business Committee April 2022		<b>Y</b>
<b>2022-23 23</b>	<b>Mortality Reports – 2021-22 Quarter 4 update and Annual Report</b> – reviewed by Quality Committee May 2022		<b>Y</b>
<b>2022-23 24</b>	<b>Procurement Strategy update</b> - reviewed by Business Committee May 2022		
<b>2022-23 25</b>	<b>Board workplan</b> – for noting		<b>Y</b>
<b>2022-23 26</b>	<b>Committee minutes – for noting</b> a) Audit Committee 11 March 2022 b) Quality Committee 21 March 2022 c) Business Committee 23 March 2022		<b>Y</b> <b>Y</b> <b>Y</b>



**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (4a)**

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**Title: Draft Trust Board meeting minutes 31 March 2022**

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**Category of paper: for approval**  
**History: N/A**

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**Responsible director: Chief Executive**  
**Report author: N/A**

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## Attendance

<b>Present:</b>	Brodie Clark CBE Thea Stein Professor Ian Lewis (IL) Richard Gladman (RG) Helen Thomson (HT) Alison Lowe (AL) OBE Khalil Rehman (KR) Bryan Machin Steph Lawrence  Jenny Allen	Trust Chair Chief Executive Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Non-Executive Director Executive Director of Finance and Resources Executive Director of Nursing and Allied Health Professionals (AHPs) Director of Workforce, Organisational Development and System Development (JA)
<b>Apologies:</b>	Sam Prince Dr Ruth Burnett Laura Smith	Executive Director of Operations Executive Medical Director Director of Workforce, Organisational Development and System Development (LS)
<b>In attendance:</b>	Rachel Booth (RB) Diane Allison Dr Nagashree Nallapeta  Peter Ainsworth Harriet Jones	Associate Non-Executive Director Company Secretary Consultant Paediatrician- Guardian of Safe working Hours for Item 127 Operational Support Manager – for Item 132 Sustainability and Environmental Manager – for Item 132
<b>Minutes:</b>	Liz Thornton	Board Administrator
<b>Observers:</b>	None	
<b>Members of the public:</b>	None	

**Item 2021-22 (122)****Discussion points****Welcome introduction, apologies and preliminary business**

The Chair of Leeds Community Healthcare opened the Trust Board meeting held in public and reminded members and attendees that the meeting was live streamed and could be accessed via a link on the Trust's website.

He welcomed Board members and attendees to the meeting.

**Apologies**

Apologies were received and accepted from Sam Prince, Executive Director of Operations, Dr Ruth Burnett, Executive Medical Director and Laura Smith, Director of Workforce, Organisational Development and System Development (LS).

**Trust Chair's introductory remarks**

Before turning to the business on the agenda, the Trust Chair provided some introductory comments to add context to the meeting discussions:

The Trust was still facing significant challenges associated with the covid crisis and the message must still continue to be one of absolute care, caution and consideration. The numbers of cases across the city were very high and the pressure on health and social care providers remained critical. The organisation continued to have a critical focus on the legacy work of backlogs, on staff fatigue and staff absences, on long covid, on increasing partnership working across the city and all of this against the more recent backdrop of a cost-of-living rise, and a surge in newly arriving residents into the country, initially from Afghanistan and now from Ukraine. They are our community now and part of our service agenda.

So, despite the rather odd sense that things are getting easier – it is far from it, with significant and continuous pressures from many different places.

He said that the role and remit of primary care, community healthcare and social care was increasingly centre stage and, as the Trust goes forward, it should be very clear, on describing its offer to the people of Leeds - clear on its role, vision and commitment. The engagement agenda becomes more important over fast changing times. People need to understand what the Trust was doing and to recognise our great commitment to them and equally, we need to listen carefully to that same community and to hear their conversation and their challenge to us as we progress towards the reshaping key parts of our delivery.

'Out of hospital' is increasingly the NHS solution and, indeed, the community preference. The work the Trust is doing on virtual wards is outstanding – and will progress further; the blending and supporting with the third sector is very special and a real platform for a much stronger community contribution; the slow and careful work with GP colleagues is the right thing to be doing – that stronger synergy is significant and we must continue working at it; the neighbourhood teams continue to look towards and to design a model that is much more collaborative, more holistic and much more appropriate to resolving the health equality mismatches ; the recent social care workforce integration proposal, in some key areas of our business, will make a significant and positive win/win difference; the vaccination remit for across the city is welcome and absolutely appropriate, and so these developments, and more, will take the Trust into a role and remit that will allow it, with partners, to make a stronger and more significant contribution to the healthcare and the wellbeing of the city.

He concluded by placing on record his thanks to a number of Board members who had been facing a particularly tough time. Managing the staff cover arrangements exceptionally well, not least the incentives programme; continuing to monitor quality; supporting staff and tackling backlogs with determination.

<b>Item 2021-22 (123)</b>
<p><b>Discussion points:</b></p> <p><b>Declarations of interest</b></p> <p>Prior to the Trust Board meeting, the Trust Chair had considered the Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest before the papers were distributed to Board members. The Trust Chair asked the Board for any additional interests that required declaration and he noted that the draft revised register of declarations of interest formed part of the meeting papers pack. There were no new declarations of interest made at the meeting.</p>
<b>Item 2021-22 (124)</b>
<p><b>Discussion points:</b></p> <p><b>Questions from members of the public</b></p> <p>There were no questions from members of the public.</p>
<b>Item 2021-22 (125)</b>
<p><b>Discussion points:</b></p> <p><b>Minutes of the last meeting, matters arising and action log</b></p> <p><b>a) Minutes of the previous meeting held on 4 February 2022</b></p> <p>The minutes were reviewed for accuracy and agreed to be a correct record.</p> <p><b>b) Actions' log 4 February 2022</b></p> <p><i>2021-22 (Item 108): Third Sector Strategy – frequency of presentation to the Board:</i> The Executive Director of Operations proposed six monthly updates to the Trust Board, and this was accepted.</p> <p><b>Action closed.</b></p>
<b>Item 2021-22 (126)</b>
<p><b>Discussion points:</b></p> <p><b>Staff Story – Homeless and Health Inclusion Team</b></p> <p>The Executive Director of Nursing and AHPs introduced the story which had been pre-recorded and delivered as a video.</p> <p>Patrick accesses the Trust's Homeless and Health Inclusion Services. Last June he suffered a severe head injury and was admitted to hospital as an inpatient for three months. During that time, he was introduced to a support worker from the Trust's Health Inclusion Service. Patrick spoke about how the Service, and how his support worker in particular, had helped him find accommodation, provided support to improve his mental wellbeing and helped him to devise a plan to control his alcohol addiction. He said that he was now settled in supported accommodation in a residential area of Leeds and had a plan in place which he hoped would break his dependency on alcohol, help him re-engage with the outside world and begin his life again.</p> <p>The Trust Chair invited questions and observations from Board members.</p> <p>Non-Executive Director (RG) asked whether services for vulnerable homeless adults across the city were fragmented and could be more streamlined.</p> <p>The Executive Director of Nursing and AHPs said that although the Service was small it worked collaboratively with partners across the city, relationships were very positive, and staff worked effectively to support a range of vulnerable patients. She added that the primary focus was always to support the patient and not about who ran a particular service.</p> <p>The Board noted that the story highlighted the importance of the Trust's work with third sector partners and where this worked well it reflected positively in outcomes for patients.</p> <p>The Chief Executive said that the service also played an important part in enabling flow around the healthcare system in supporting homeless individuals with complex conditions or disabilities who had no place to stay on discharge from hospital.</p> <p>The Trust Chair said that the story reflected very positively on the Trust's services, and he extended his thanks to Patrick on behalf of the Board for taking time to record his video story. He</p>

said that he would also write to the Homeless Health Inclusion Team to extend the Board's appreciation of the excellent impact of their work.

## **2021-22 Item (127)**

### **Discussion points**

#### **Guardian of Safe Working Hours (GoSWH) – quarter 3 report**

The Guardian presented the report for 2021-22 Q3 which provided the Board with assurance that trainee doctors and dentists working within the Trust were working safely and, in a manner, consistent with the Junior Doctors Contract 2016 Terms and Conditions of Service.

The report covered the significant progress made to address the issues related to the Red Kite View CAMHS ST inpatient Unit non-resident on-call cover and the plans to address historic CAMHS ST trainee rota compliance issues. It also included an update on the improved engagement with Junior Doctors in the Junior Doctor Forum (JDF) and the work started to explore and support paediatric Junior Doctor training opportunities.

Associate Non-Executive Director (RB) noted the improved attendance at the Junior Doctors Forum (JDF) and suggested that future reports should include more feedback from discussions in the JDF to evidence the 'voice' of junior doctors working in the Trust.

#### **Outcome:** The Board:

- Received assurance regarding plans in place for addressing issues related to CAMHS current rota and historic rota compliance issues.
- Supported the GoSWH with the on-going work related to CAMHS ST historical rota compliance issue.
- Supported the GoSWH for joint working with Leeds and York Partnership NHS Foundation Trust (LYPFT) and Leeds Teaching Hospitals NHS Trust (LTHT) to improve training opportunities in the Trust.

## **2021-22 Item (128)**

### **Discussion points:**

#### **a) Chief Executive's report – including update on current system pressures**

The Chief Executive presented her report. She updated the Board on some developments in relation to mileage rates for staff since the report had been written and she drew the Board's attention to a written update report provided by the Executive Director of Operations on system pressures.

#### **Fuel cost challenges**

Rising fuel costs had led to multiple concerns being raised by staff who are often undertaking considerable business mileage in the course of their duties. These concerns are replicated in many Trusts across the country, particularly in community services requiring daily business travel.

To date the Trust has used NHS national mileage rates for staff business mileage expenses. These had not changed since 2014.

The Trust has engaged nationally with the NHSE/I People Directorate and with NHS Employers, to ensure LCH's mileage circumstances and staff perspectives are able to contribute to ongoing national considerations on this topic.

In the meantime, like a number of other Trusts, the Trust took local action to increase mileage rates, pending the confirmation and implementation of a national solution. This kind of local action, agreed in partnership with staff representatives, is permissible under NHS Employers guidance.

The local increase of 7p per mile will be applied from 1 April 2022 and backdated to 1 February 2022 for lease car and private car owners and will be reviewed at the end of June 2022.

The Trust is also proposing to consult on a revision to the methodology for calculation of business journeys beginning or ending at an employee's home; in response to the changed (reduced)

patterns of employee attendance at contractual bases at the beginning and end of the working day.

### **Infection rates and system pressures**

The Executive Director of Operations had circulated a written update on infection rates and current system pressures. The Chief Executive highlighted the key points:

#### Current infection rates

- There has been only a small reduction in the numbers testing (a decrease of around 4%) so public health colleagues feel the rates are still comparable to the previous weeks. As of 30 March 2022, the rate in Leeds was 722 per 100k. This figure is 20% more than the previous 7 days and is less than the whole of England rate of 880. The over 60s rate is 706, up 30% in the previous 7 days and is again less than the England rate of 800. Testing will effectively end as of 1 April 2022 and the Office for National Statistics (ONS) rate will be reported instead. This will not be comparable with what has been reported to date.
- There are no variants of concern at the current time.
- UK Health Security Agency are looking for four red flags that would signal a change in approach – introduction of new variants of concern; increase in hospitalisations related to Covid (we are beginning to see this); an increase in the number of people in Intensive Care Units due to Covid (2 people in Leeds at present) and an increase in all age, all-cause mortality.

#### System pressures

The system remains under pressure with Leeds Teaching Hospitals NHS Trust (LTHT) declaring an OPEL 4 (major incident) on 30 March 2022 due to the number of people in hospital remaining without a medical reason to reside and the consequent impact in emergency departments as there was no capacity to admit patients. A multi-agency event on Tuesday highlighted four key workstreams that would improve the situation in the medium term:

- Further scaling up and investment in the Transfer of Care Hub – the multi-agency team that facilitates discharges.
- Introduction of a single bed brokerage service that liaises between services and care homes to secure appropriate beds.
- Work on a solution to provide care home beds for older adults with serious mental illness.
- Rethink on skill mix with regards to social work to ensure social workers are focused on the work only they can do. This is important as there is currently a 3-4 week wait for social work assessment.

In the immediate term, the Trust continued to prioritise discharges from hospitals to ensure that there are no unnecessary delays

The Neighbourhood Teams are struggling due to an increase in Covid-related absence. The leadership team regroups two to three times each day to juggle capacity across the city to ensure all patients are seen.

The Board discussed the serious situation across the city and acknowledged that there were no easy solutions to solve or alleviate the problems.

The Chief Executive said that the executive team were mindful of the issues emerging from the staff survey particularly the high scores on the questions relating to staff burnout and the additional financial pressures staff were facing due to rising fuel and energy costs. Staff were being asked to do more, particularly in the Neighbourhood Teams where staffing levels had been significantly impacted.

The Trust Chair suggested that a more focussed discussion should take place at the next Trust Board workshop about staff health and wellbeing, the impact of staff shortages and the perception and effect of burnout on staff along with, importantly, any new considerations on recruitment and retention. This would be progressed.

**Outcome:** The Board:

- received and noted the Chief Executive's report and the update on system pressures.

## **Item 2021-22 (129)**

**Discussion points:**

**Assurance reports from sub-committees**

### **a) Nominations and Remuneration Committee 25 February 2022**

The Trust Chair and Chair of the Committee presented the report and highlighted the key issues discussed, namely:

- **Gender Pay Gap Report:** the report and assurance statement were approved for publication.
- **Clinical Excellence Awards:** the Committee approved the proposed allocation and eligibility criteria for the 2021-22 awards.
- **Committee Annual Report:** approved the annual report and the terms of reference.

### **b) Charitable Funds Committee 25 February 2022**

Non-Executive Director (AL), Chair of the Committee presented the report and highlighted the key issues discussed, namely:

- **Charitable Funds Administrator Post:** the Committee discussed the future of the post and the possibility of recruiting a fundraiser rather than an administrator. A further discussion would take place at the next meeting in June 2022.
- **Committee Annual Report:** approved the annual report and the terms of reference.

### **c) Quality Committee 21 February 2022 and 21 March 2022**

Non-Executive Director (HT), Chair of the Committee presented both reports and highlighted the key issues discussed, namely:

- **Service spotlight Wetherby Young Offender Institution (WYOI):** the Committee received a presentation from the Clinical Head of Service in relation to the 24-hour healthcare provided by the Trust to both WYOI and Adel Beck with a sub-contracted arrangement with South and West Yorkshire NHS Foundation Trust (SWYFT) for mental Healthcare. The Committee also heard about the positive initial feedback from the Care Quality Commission inspection in January 2022.
- **Asymptomatic staff testing:** the Committee received a paper from the Deputy Medical Director. Testing was well embedded in the organisation with the number of people opting out being minimal. Since the move to a national reporting system the Committee heard how the Trust have been unable to access local data. The Trust has confirmed staff will not be expected to pay for tests, however it was noted guidance on national arrangements for accessing kits for health and social care staff was still awaited.

The Committee recommended to the Board that it ceased receiving asymptomatic testing reports for assurance due to the inability of accessing local reliable data, and there was full agreement amongst the Board to this recommendation.

- **Engagement strategy update:** the Committee received an update on the progress on the two-year operational plan supporting the strategy. The Committee was supportive of the planned working group in April 2022 with partners, to strengthen a renewed strategy, due this year. It was suggested the strategy would benefit from more thought about how people could influence their own journey and national direction of services.

The Board discussed the limited level of assurance agreed by the Committee on the strategic risk that the Trust does not engage with patients and the public effectively (Risk 1.4). It was noted that the workshop facilitated by Healthwatch in April 2022 was aimed at strengthening and developing the strategy which should allow the Committee and the Board to receive further assurance.

The Chief Executive said that there was no suggestion that patient engagement in the Trust was not happening, but the difficulty was articulating and evidencing this effectively in reports to the Board and committees.

The Chair indicated that it was important to provide such assurance.

**d) Business Committee 23 February 2022 and 23 March 2022**

Non-Executive Director (RG), Chair of the Committee presented both reports and highlighted the key issues, namely:

- **Service focus:** the Committee had received a positive and energised presentation from representatives of the Risk and Safety Team. The Committee welcomed the update on the improvements made since the Health and Safety Executive inspection, reflected on the current risks and challenges and were provided with an indication of the level of maturity of the Trust's Health and Safety culture.
- **Waiting list position:** the Committee received an update on the work being done to validate waiting lists and recovery plans. Recognising that the situation remained difficult with demand increasing in some services which put further pressure on waiting list management.
- **Assurance on strategic risks:** members had reviewed the levels of assurance against the strategic risks assigned to the Committee and decided that the level of assurance for most was reasonable. Risk 3.5 related to embedding a suitable health and safety management system and had been assessed as limited and whilst that was a reflection on the current position, there was a degree of optimism in the future plans.

**e) Audit Committee 11 March 2022**

Non-Executive Director (KR) Chair of the Committee presented the report and highlighted the key issues, namely:

- **Internal Audit – progress against 2021-22 plan:** the Committee received a report from TIAA and noted progress to conclude the 2021-22 plan.
- **Internal Audit – draft strategic plan 2022-23:** the Committee reviewed and approved the plan drafted by the new internal audit provider Audit Yorkshire.
- **Information Governance update:** the Committee noted the progress being made on the Data Security and Protection Toolkit and the baseline submission which had been submitted by the deadline of 28 February 2022.
- **Assurance on strategic risk 2.4:** the Committee has been assigned BAF risk 2.4: 'If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage'. The Committee recognised that the risk was currently heightened, and that additional demands were being made to ensure it was being adequately controlled. Having reviewed all the information presented, the Committee agreed that it provided reasonable assurance that the risk was being managed adequately.

**Outcome:** The Board

- noted the update reports from the committee chairs and the matters highlighted.

**Item 2021-22 (130)**

**Discussion points:**

**Annual plan 2022-23**

**a) Operational plan (priorities) 2022-23**

The Executive Director of Finance and Resources presented the draft 2022-23 operational plan which outlined the strategic framework for 2022-23. This included the Trust vision, ambition, strategic goals and proposed priorities for 2022-23. The plan had been considered by both the Quality and Business Committees and members' comments had been considered and any amendments were reflected in the draft presented to the Board.

The document in Appendix 1 of the plan provided a cohesive overview of how each of the proposed priorities supports both the achievement of a strategic ambitions and evidence how the Trust will mitigate risk.



The Senior Management Team will discuss how the Trust will achieve the priorities and will identify the specific actions underpinning each priority.

**Outcome:** The Board

- approved the proposed Trust Priorities for 2022-2023.

#### **b) Revenue and Capital Budgets 2022-23**

The Executive Director of Finance and Resources presented the report and described the context in which the budgets had been set, and the risks associated with them.

The Executive Director of Finance and Resources summarised the key points in the paper. He said both the revenue and capital budgets should allow the Trust to continue to make good progress on its priorities for 2022-23.

The Executive Director of Finance and Resources provided details of the revenue resources, income streams, funding for commissioned developments, cost inflation and, subject to final agreement by the Integrated Care Board, of capital resource allocations.

The Board discussed the national policy around improving community care and how resources would flow. The Executive Director of Finance and Resources said that he was comfortable with commissioners' investment in services the Trust provided over the past two years but there were unresolved issues of recurrent funding, and the Trust would wish to see further investment in community-based services in furtherance of the city's health and wellbeing strategy.

The Board was advised that it was likely that it would be staff capacity rather than financial resources that would constrain continuing reduction in waiting lists.

The Director of Workforce, Organisational Development and System Development (JA) said that at present the recruitment of new starters was just about keeping pace with the number of leavers. She said that different methods were being tried, recruiting differently to seek out different talent pools including international recruitments.

**Outcome:** the Board

- approved the proposed revenue and capital budgets for 2022-23.

#### **c) Key performance indicators (KPIs) 2022-23**

The Executive Director of Finance and Resources presented the report which set out the proposed high-level indicators for inclusion in the 2022-23 Performance Brief. The indicators had been discussed at both the Quality and Business Committee in February 2022 and the list of indicators included in the paper was recommended for approval.

The Director of Workforce, Organisational Development and System Development (JA) pointed out that the KPIs included in the Well Led domain would be reviewed and amended to reflect the staff survey results. A revised version would be circulated to Board members.

There was a lengthy discussion about the balance of measures within the effective domain and whether there was sufficient focus on effective clinical outcomes at service level. An agreement was made that the committee chairs would undertake a further review to ensure that the reports presented to committees provided the level of assurance required.

Non-Executive Director (KR) was concerned that the Trust did not plan to create individual measures for health equity. It was agreed that he would discuss this further with the Executive Director of Finance and Resources.

**Outcome:** The Board

- agreed the high level KPIs for 2022-23 as set out in the paper subject to:

- the committee chairs being satisfied with the level of assurance received on effectiveness through reports presented to the committees
- a further discussion taking place on the measures for health equity.

#### **d) Board Assurance Framework (BAF) – draft strategic risks**

The Company Secretary presented the report and led members through the suggested revisions to the strategic risks associated with the Trust's strategic objectives and priorities. She explained that the revisions had been reviewed by the Senior Management Team (SMT) in accordance with the required annual review process.

The Board discussed the merger of risk 1.2 and risk 4.2 which both pertained to governance of partnerships. Non-Executive Director (HT) said that as she was on both the Quality and Business Committee, she was content that scrutiny of the quality aspects of partnership governance would be sufficient.

Non-Executive Director (IL) expressed the view that risk 1.2 should be retained as clinical pathway work was likely to expand as partnership working evolved and increased. He felt that the Quality Committee should maintain scrutiny of the quality aspects of the risk.

It was agreed that risk 1.2 should remain on the BAF for 2022/23.

**Outcome:** the Board

- reviewed the BAF strategic risks and approved the changes required for the 2022/23 version of the BAF, with the exception of BAF risk 1.2 which would be retained.

#### **Item 2021-22 (131)**

##### **Discussion points:**

##### **Corporate governance**

##### **a) Going concern consideration**

The Executive Director of Finance and Resources presented the Going Concern Consideration. He explained that the matters covered in the paper had been considered by the Audit Committee at its meeting on 11 March 2022 and were recommended for approval.

**Outcome:** the Board

- agreed the preparation of the annual accounts for 2021/22 on a going concern basis.

##### **b) Declarations of interest and compliance with the fit and proper person requirements made by the directors for 2021/22**

The Company Secretary presented the report which contained the director's declarations of interest schedule of disclosures for 2021/22, confirmation that 'fit and proper person test' declarations had been made and other additional annual background checks completed.

The Company Secretary pointed out that Non-Executive Director (KR) role as Non-Executive Director at East Lancashire Teaching Hospitals NHS Trust had been omitted from the schedule and confirmed that this would be amended.

**Outcome:** the Board

- noted the declarations made by directors for 2021/22 (in draft) and the addition required above.

##### **c) Risk appetite statement review**

The Company Secretary presented risk appetite statement for review and approval. The details of the Trust's current risk appetite statement were set out in the document.

SMT had discussed the risk levels set out in the risk appetite statement and concluded that the risk levels remained appropriate. Audit Committee has also reviewed the risk appetite and subsequently asked SMT to reconsider whether the current appetite level for patient safety risks

<p>was appropriate. This review has now taken place and it was proposed that the risk appetite statement remained unchanged.</p> <p><b>Outcome:</b> the Board</p> <ul style="list-style-type: none"> <li>approved the risk appetite statement.</li> </ul>
<p><b>Item 2021-22 (132)</b></p> <p><b>Discussion points:</b></p> <p><b>Green plan</b></p> <p>The Sustainability and Environmental Manager presented the plan. She explained that the Green Plan was created following the directive from NHSE&amp;I Greener NHS programme, who outlined that all Trusts must have a detailed sustainability Green Plan which covers a 3-year period and clearly outlines the organisations current carbon status, ambitions, goals, and the projects required to achieve them.</p> <p>The plan was created with input from a variety of different departments particularly procurement and estates and facilities. The sustainability team also liaised with staff through sustainability workshops which took place between November-December 2021.</p> <p>Once approved by the Board the plan would be submitted to the West Yorkshire Sustainability ICS, who are currently collating all the Green Plans of West Yorkshire NHS organisations to submit to the central NHS Greener team.</p> <p>The Board reviewed the plan and made several suggestions to develop the plan further including future procurement considerations, the impact of new ways of working as a result of the pandemic, the possibility of including sustainability objectives in the appraisal process and the Trust developing a training package for staff.</p> <p>The Board agreed that this was an excellent plan, and an update report should be presented to the Board twice a year.</p> <p><b>Outcome:</b> The Board</p> <ul style="list-style-type: none"> <li>approved the plan</li> <li>agreed that an update on progress should be presented to the Board twice a year.</li> </ul>
<p><b>Item 2021-22 (133)</b></p> <p><b>Discussion points:</b></p> <p><b>Performance Brief and Domains Report: February 2022</b></p> <p>The Executive Director of Finance and Resources presented the report.</p> <p>The report focused on performance against the KPIs agreed before the commencement of the financial year. Performance against any of the indicators has been adversely affected by the impact of the pandemic on services and the Trust's normal business and this was explained, where relevant.</p> <p>As previously agreed by the Board, whilst the KPIs have been produced as usual, the narrative was briefer and focused on key items for escalation. The Performance Brief had been reviewed by the Quality and Business Committees at their meetings in March 2022.</p> <p>There were no questions raised about the Performance Brief.</p> <p><b>Outcome:</b> The Board:</p> <ul style="list-style-type: none"> <li>noted present levels of performance against KPIs.</li> </ul>
<p><b>Item 2021-22 (134)</b></p> <p><b>Discussion points:</b></p> <p><b>Strategic risks and Board Assurance Framework (BAF) report</b></p> <p>The Chief Executive introduced the report which provided information about the effectiveness of the risk management processes and the controls that were in place to manage the Trust's most significant risks.</p>

The strongest theme found across the whole risk register is staff capacity, the second strongest theme is related to the lack of and/or implementation of suitable processes and procedures, and the third is Information Technology (IT) systems.

The Board noted that no risks with a score of 15 or more had been added to the risk register. There were 15 risks scoring 12 (very high).

**Outcome:** The Board noted the revisions to the risk register and the themes identified in the report.

#### **Item 2021-22 (135)**

##### **Discussion points:**

##### **Staff survey 2021**

The Director of Workforce, Organisation Development and System Development updated the Board on the 2021 Staff Survey organisational results. The report included a comparison of the 2021 Staff Survey results compared to the 2020 results, information about how the Trust benchmarks internally and with comparative community trusts. The report also outlined the approach to the dissemination of the information to key stakeholders and plans to work with business units and services.

The Board discussed the overall results and what could be done to be categorised as one of the highest performing trusts.

The Chief Executive said that Trust had forged good links with some of the higher performing community trusts and would be looking in more detail at what measures they had introduced to achieve their results.

The Board noted with concern the responses to the new questions on staff 'burnout', the increase in staff experiencing harassment from patients and members of the public including an increase in staff from Black and Minority Ethnic backgrounds experiencing bullying, harassment, or abuse from patients.

The Chief Executive said that fundamentally the answers to questions on staff burnout were influenced by staffing levels and a wider level debate was required around this. In terms of harassment and bullying, the Trust had a Zero Tolerance policy, sanctions were rigorously applied when necessary and further work would be done in those services where the results were of the greatest concern.

**Outcome:** The Board:

- noted the release of the 2021 Staff Survey results and the findings to date
- endorsed the proposed approach to the dissemination of information.

#### **ITEM 2021-22 (136)**

##### **Discussion points:**

##### **Patient Safety Strategy implementation update**

The Executive Director of Nursing and AHPs presented the paper which provided the Board with a six-monthly update on progress against the nationally published Patient Safety Strategy.

The Board reviewed the progress made against the short and medium term aims published by NHS England, noting that due to the impact of the pandemic, there were delays at a national level in piloting the Strategy and sharing guidance for wider implementation. The Trust has continued to work within the implementation plan to complete as much work as possible pending national guidance.

Non-Executive Director (IL) queried why the introduction of Patient Safety Summits was not referenced in the progress report as this was an excellent way to disseminate learning and good practice throughout the Trust.

The Executive Director of Nursing and AHPs said that all staff were encouraged to attend the summits whenever possible, and numbers were rising. It was the expectation that clinical leaders would take responsibility for disseminating information and learning and the Trust was in the process of introducing additional checks and balances to ensure that this was happening. There was evidence of significant improvements in the data on pressure ulcers and falls and this data was regularly reported to the Quality Committee.

**Outcome:** The Board:

- noted the good progress made so far and the assurance provided by the report.

**Item 2021-22 (137)**

**Discussion points:**

**Any other business including questions on Blue Box items**

There were no matters of any other business to discuss, or questions raised on any items in the Blue Box.

**Item 2021-22 (138)**

**Discussion points:**

**Close of the meeting**

The Trust Chair closed the meeting at 12noon.

**Date and time of next meeting**  
**Friday 27 May 2022 9.00am-12.00 noon**

**Additional items (Blue Box)**

<b>2021-22 (139)</b>	Digital strategy update – reviewed by Business Committee February 2022
<b>2021-22 (140)</b>	Engagement strategy update - reviewed by Quality Committee March 2022
<b>2021-22 (141)</b>	Third Sector strategy update - reviewed by Business Committee March 2022
<b>2021-22 (142)</b>	Infection prevention control assurance framework – reviewed by Quality Committee March 2022
<b>2021-22 (143)</b>	Board workplan – for noting
<b>2021-22 (144)</b>	Committee minutes for noting: <ul style="list-style-type: none"> <li>a) Audit Committee – 12 December 2021</li> <li>b) Quality Committee – 24 January 2022 and 21 February 2022</li> <li>c) Business Committee – 26 January 2022 and 23 February 2022</li> </ul>

**Leeds Community Healthcare NHS Trust**  
**Trust Board meeting (held in public) actions' log: 27 May 2022**

Agenda Number	Action Agreed	Lead	Timescale	Status
<b>31 March 2022</b>				
	NONE TO NOTE			

Actions on log completed since last Board meeting on 31 March 2022	
Actions not due for completion before 27 May 2022; progressing to timescale	
Actions not due for completion before 27 May 2022; agreed timescales and/or requirements are at risk or have been delayed	
Actions outstanding at 27 May 2022; not having met agreed timescales and/or requirements	

**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (6)**

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**Title: Chief Executive's Report**

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**Category of paper: For assurance**

**History: Not applicable**

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**Responsible director: Chief Executive**  
**Report author: Chief Executive**

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## **Executive summary (Purpose and main points)**

This report updates the Board on the Trust's activities since the last meeting and draws the Board's attention to any issues of significance or interest.

This month's report focusses on:

- Integrated Primary and Community Care Conference
- Healthcare Support Workers recruitment event
- Relocation from Stockdale House
- Awards and recognition

A further verbal update will be provided at the Board meeting, including the most up to date information about system pressures.

## **Recommendations**

Note the contents of this report and the work undertaken to drive forward our strategic goals



## **1 Introduction**

This report updates the Board on the Trust's activities since the last meeting and draws the Board's attention to any issues of significance or interest. The report, which aims to highlight areas where the Chief Executive and senior team are involved in work to support the achievement of the Trust's strategic goals and priorities: delivering outstanding care in all our communities, staff engagement and support, using our resources efficiently and effectively, and ensuring we are working with key stakeholders both locally and nationally.

## **2 Update on current system pressures**

A verbal update will be provided at the Board meeting including Covid related issues and the most up to date information on system pressures in the City.

## **3 Integrated Primary and Community Care Conference**

The 'In it Together' greener conference was held on 10 May 2022 with 133 delegates attending, from primary and community care. The event focused on three key challenges facing the health and social care sector: 1) working differently through integration 2) delivering a quality service and 3) recruiting and retaining staff. We adhered to the principles of a Greener Conference (organized and implemented in such a way as to minimize negative impacts on the environment) and promoted the Greener Practice agenda.

We encouraged networking between colleagues in primary, community care, the care sector and other NHS organisations by highlighting integration programmes in Leeds and sharing good practice, focusing on improving quality and supporting people in their care setting of choice. Plenary sessions and two workshops proved to be very effective. In feedback, colleagues cited the event was 'brilliant, 'inspiring' and two colleagues confirmed it has made them re-think plans to leave the profession. Several confirmed they are proud to work for the NHS generally – and primary and community care in Leeds specifically.

A twitter feed ran throughout the event, using the adopted #inittogether as well as #LCHProudestMoments #LCHWorldwide #HereForLife, in recognition of International Nurses Day. All delegates were asked to share their proudest moments, cascaded via Twitter on 12 May. The Twitter feed has received excellent national attention.

## **4 International Day of the Nurse**

Thursday 12<sup>th</sup> May 2022 was International Day of the Nurse and the Director of Nursing and AHPs (Allied Health Professionals), the Assistant Director of Nursing and Clinical Leads spent the day visiting nurses across the Trust. The services visited included Adel Beck, Police custody suite at Normanton, TB service and the homeless health inclusion team from the Specialist Business Unit, the Recovery

Hub at Northwest, and the discharge team from the Adult Business Unit and Hannah House and the 0-19 service from the Children's Business Unit. The visits gave an opportunity to thank the nurses in the services and discuss the current challenges with teams.

In addition to the above, there was a vlog thanking our nurses and a letter from the Director of Nursing and AHP's to every nurse in the Trust. On the day there were hundreds of tweets from LCH about the visits, and from our nurses sharing their proudest moments.

## **5 Healthcare Support Workers recruitment event**

On 24 and 25 April 2022, the Trust took part in a collaborative Leeds recruitment event targeting Health & Social Care Worker vacancies across the Leeds NHS organisations and Leeds City Council, facilitated and advertised by an independent recruitment company commissioned by NHS England & Improvement.

Through this event, we tested new approaches to tackling barriers to employment with Leeds Community Healthcare NHS Trust by removing the requirement of an NHS jobs application and enabling people to be interviewed on the day.

We have engaged with a diverse pool of talent as a result and offered roles to some people who are currently unemployed and from a broad age range. 64% of candidates we offered roles to were from either Black African, Pakistani and Indian backgrounds which is brilliant in terms of reflecting the community that the Trust serves.

There are 13 prospective employees now undergoing pre-employment checks as a direct result of this event, to whom conditional offers of employment have been made.

Learning from this event is informing our ongoing resourcing work, including on hyper-local recruitment.

## **6 Board workshop 6 May 2022**

At the 6 May 2022 Board workshop, the Board and wider management group explored together strategic risk 3.1 on the Board Assurance Framework and assessed whether there was anything further, new, and different that the Trust should do in response to this significant risk to the Trust:

*Strategic risk 3.1 If the Trust does not have suitable and sufficient staff capacity and capability (recruitment, retention, skill mix, development and a low manageable level of sickness absence) then the impact may be a reduction in quality of care and staff morale and a net cost to the Trust through increased agency expenditure.*

The workshop reviewed the recent staff Survey results – burnout and cultural / engagement indicators, an overview of the labour market overview, the workforce plans, and the work undertaken to date and its impact as well as the proposed priorities for 2022/23. Ways of retaining staff was also considered.

The comments and suggestions captured in the workshop session will be utilised in workforce planning and resourcing.

## **7 Sustainability**

Preliminary work for the Trust's Green Plan 2022-2025 project list has begun in conjunction with a variety of key departments across the Trust including estates, facilities, and procurement. The project list will aim to tackle the highest carbon-emitting areas of the Trust.

Option appraisals will be carried out within the upcoming months for the larger and more challenging areas of change such as travel across the Trust which would include exploration of improving cycling facilities, electric charging points and transitioning to an electric fleet. Efforts have been put into helping staff explore sustainable travel options through the Trust's salary sacrifice schemes; not only to start promotion of green travel but to ensure staff are aware of all options and benefits available to them through the Trust, especially with regards to the rising cost of fuel and running a fuel car comparative to electric or hybrid. These promotional movements will continue through the year.

Other work over the past year which has added to the sustainability of LCH is the replacement of the roofs at Bramley and Halton Clinics, as well as the 2nd floor roof at Morley Health Centre. By these replacements taking place, we hope to see a positive effect on maintaining heat within the building resulting in reducing energy consumption and cost.

Finally, we continue to be part of the wider sustainability community and build relationships with our counterparts in other NHS Trusts throughout West Yorkshire and Leeds City Council. This will ensure the Trust is kept up to date with developments throughout the region and maximise efforts which require a multi-organisational approach throughout Leeds and the wider region.

## **8 Relocation from Stockdale House**

As Board members will be aware, the landlord of Stockdale House will not be renewing the lease with the Trust when it ends in October 2023. After learning from the new ways of working developed through the pandemic and consultation with staff working in Stockdale House and the Senior Management Team, a specialist property company was asked to do a market search to provide a long list of available properties meeting our space requirements. After considering the locations, space offered, local environment and building configuration a shortlist of two properties was visited by the Executive Director of Finance and Resources, the Associate Director of Estates and members of the staff project group on 10 May. A further update will be provided at the Board.

Approval of a new lease may mean approval by NHS England / Improvement if the whole life cost of the lease exceeds £15m.

## **9 Awards and recognition**

### **9.1 A thank you from the City of Leeds**

The city of Leeds held a small event – tea with the Mayor and a thank you – to recognise people from health and council services and third sector organisations who have served the city outstandingly during the pandemic. Sam Prince was recognised for her leadership of the vaccination programme and Liz Grogan for her leadership of the infection prevention and control team for the city. It was a pleasure to be there and to award them their certificates alongside the Lord Mayor and colleagues from the city.

### **9.2 0-19 Service receives Unicef Gold Award**

The 0-19 Public Health Integrated Nursing Service has been re-awarded gold status by Unicef UK Baby Friendly Initiative (BFI) for the care it provides to pregnant women and families across Leeds.

Working in partnership with Leeds City Council and Leeds Teaching Hospitals Trust, this is the third year that the service has been awarded gold status. Maintaining this status reflects the continuous high standards in Leeds.

### **9.3 Website Accessibility**

Over the past 12 months the Communications Team has worked alongside website provider SeeGreen and individual services and teams within the organisation to improve accessibility of our website. This has included services reviewing and updating content on their pages, converting downloadable documents into HTML (hypertext markup language) content and more technical changes to the website such as ensuring controls change appearance when selected and adding alternative text for images inside links.

In May 2022 the Trust ranked 25<sup>th</sup> place in the Silktide Index highest rated 30 NHS Trust websites for accessibility. A fantastic achievement - over 202 NHS websites were audited. The Trust website received a score of 87 (great) for accessibility a huge improvement on a rating of 52 (fair) in February 2021.

Some of the bigger projects that helped to improve our rating have included reworking the content and design of pages, incorporating patient feedback, making the pages easier to navigate and ensuring content is accessible and updating content to be more digitally focussed and transferring hundreds of PDF (portable document format) documents into webpages.

**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (7a)**

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**Title: Audit Committee Chair's Assurance Report 22 April 2022**

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**Category of paper: for assurance**  
**History: Not applicable**

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**Responsible director: Chair of Audit Committee**  
**Report author: Chair of Audit Committee / Company Secretary**

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## **Meeting summary**

### **Internal audit (TIAA)**

The Committee received an update on progress made with the actions identified in previous internal audits. Concerns were raised about progress being made with the Fire Risk Assessment programme, which had stalled during the pandemic. It was agreed that the action should continue to be monitored by the Audit Committee, however the Business Committee would receive regular updates from the Health and Safety Group.

### **External Audit (Mazars)**

The report confirmed that overall audit progress was on track for the end of year reporting with no significant issues arising which required reporting to the Committee.

### **Annual report and accounts 2021/22**

The Committee were advised of the Trust's progress with the Trust's annual report, accounts and associated activities. All activities were proceeding to schedule.

### **Anti-crime services annual report (fraud) (TIAA)**

The Anti-Crime Specialist attended the Committee meeting to present his annual report. He advised the Committee that the Trust is required to complete a Counter Fraud Functional Standard Return (CFFSR) and has been assessed with a proposed overall rating of GREEN for 2021/22.

One standard was currently rated as partially met - 'Counter Fraud Bribery and Corruption Practices'. The Committee noted that the Trust would require assurance from the new internal audit provider that a full risk analysis was undertaken.

From his work conducted during the course of the year, the Anti-Crime Specialist confirmed that there were no frauds subject to investigation that met the materiality threshold for referral to the Trust's external auditors, and no significant system failures or control weaknesses were identified that impact on the Trust's Annual Governance Statement.

### **Audit Yorkshire Counter-fraud risk assessment**

Audit Yorkshire fraud staff attended the committee meeting to present the paper which considered current and emerging fraud risks for Leeds Community Healthcare NHS Trust (LCH) for 2022/23 and determined the direction anti-fraud work will take during the forthcoming financial year. This was carried out in order to ensure a risk-based approach was taken to anti-fraud activity during 2022/23. The Committee was advised that staff fraud (staff working whilst off sick, falsified timesheets and overtime, inaccurate CVs at recruitment) was the most prevalent type of fraud reported to NHS Counter-Fraud Authority, and that the incidence of cyber-enabled fraud was increasing.

### **Board sub-committees' annual reports 2021/22**

The Audit Committee's draft annual report was received and agreed that it accurately reflected the Committee's activities for the year. The Committees terms of reference were reviewed, and it was agreed that some minor changes needed to be made which the Board would be asked to approve.

The Committee also received the annual reports of the Board's other sub-committees as part of the Committee's role in reviewing the effectiveness of governance. The annual reports were approved.

### **Cyber security update**

The Assistant Director of Business Intelligence joined the meeting and presented the report which provided assurance that the Trust was maintaining the security of its digital infrastructure.

### **Assurance**

The Audit Committee has been assigned BAF risk 2.4: 'If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage'. The Committee reflected on the sources of assurance it had received at the meeting and agreed that they provided Reasonable assurance that this strategic risk was being managed. The Committee also considered the need for additional sources of assurance on the Trust's ability to respond to a cyber-incident, as well as the need for assurance from third party software providers about their security systems.

**Public Board Meeting: 27 May 2022**

**Agenda item number: 2022-23 (7b)**

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**Title:** Quality Committee Chair's Assurance Report 25 April 2022

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**Category of paper:** For Assurance

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**History:** N/A

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**Responsible director:** Quality Committee Chair

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**Report author:** Assistant Director of Nursing & Clinical Governance

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**Executive summary:**

This paper identifies the key issues for the Board arising from the Quality Committee meeting held on the 25 April 2022, and it indicates the level of assurance based on the evidence received by the Committee. This meeting was held by MS teams.

**Recommendations:**

The Board is recommended to note this information.

**Items discussed:****QAIG escalations**

The QAIG papers and assurance report had been provided to Committee and the Executive Medical Director discussed the notable reduction in patient safety incidents overall in ABU. Committee were also informed of the successes related to the roll out of the electronic prescribing system in virtual wards and the cardiac service.

**Covid-19 update**

An update was provided by the Executive Director of Operations, acknowledging the particularly pressured time over the Easter period across the whole system. Data on Covid-19 positivity is now difficult to report at a local level with the change in reporting to ONS data. Vaccination offers continue and uptake has been in line with vaccine supply. It was noted that referrals to the Long Covid service remain high demonstrating continued long term implications.

**Formal CQC/HMP report for WYOI**

The report was presented by the Executive Director of Nursing & Allied Health Professionals (AHPs). Whilst there were no specific recommendations for the LCH healthcare provision 5 of the 19 recommendations have been incorporated into a joint improvement plan to be progressed through an integrated approach. It was acknowledged that three of the four areas of notable practice identified were related to LCH service provision and there were no breaches of regulation. Committee agreed this report provided assurance regarding the LCH service provision and testament to the work taking place in the service.

**Ockenden report: Implications for LCH**

The paper was presented by the Executive Director of Nursing & AHPs with an overview of the Ockenden recommendations and translation of these to the Trust. Committee identified the importance of the culture of recruiting managers and the role of the Non-Executive Directors in the scrutiny of exploring closed cultures in the Trust through the Quality Walk processes and the Freedom to Speak Up Guardian role. It was noted that the Trust have seen a shift in staff with clinical concerns speaking directly to clinical leaders including the Executive Director of Nursing & AHPs and Executive Medical Director. It was agreed some minor amendments would be made to the paper prior to Board submission.

**Workshop: Showcase of success****HHIT: Liz Keat & Stan Burrige**

Committee were appraised of the Leeds Out of Hospital housing project pilot, a multi-disciplinary, multiple organisational service providing a step up / step down accommodation offer across 9 flats in 3 defined therapeutic units with 24hr service cover. The team discussed the current outcome measures, both intended and unintended, and ongoing work to understand this more through an economic evaluation. Committee were very supportive of the work of this integrated team.

**Cardiac Rehab: Nicki Simpson (Cardiac Physiotherapist & Clinical Lead)**

Committee were informed of the pre pandemic rehabilitation offer of 5 programmes in 5 locations across the city accommodating approximately 15 patients per programme with a waiting list of up to 9 weeks for some patients.

When the service offer was paused due to the pandemic, this provided an opportunity to transform the 'Cardiac Activity Programme' with a tailored offer for individual patients who are now offered options from an app-based programme, home exercise programme, leisure centred based service and walking programme. Patient evaluation has been positive to date. Committee have heard previously about the 3-year, 3 phased business case to expand the offer to be more inclusive, accessible and patient-centred to all people and reflective of the LCH golden threads of reset and recovery by 2028. Committee were very supportive of the transformation.

#### Self-management facilitators: Steph Lowen

Committee heard from the self-management lead about the 27 Band 4 self-management facilitators currently within the Trust, who through empowering independence have saved approximately 800 visits a month. New work streams have included in-reach to the hospital to support independence prior to discharge and collaborative work with third sector partners both of which have shown benefits to the Neighbourhoods, the Trust and the wider system. Committee were very supportive of ensuring the service and the service outcomes being shared across the system with a view to gain further investment and commitment.

#### Virtual Ward / 2hr enhanced community response: Angela Gregson/Jackie Tunnard

This offer to deliver urgent community response services is led by the Trust as an integrated 8am-8pm provision across the City, with expected patient and system benefits. A full evaluation has taken place of the Virtual Frailty Ward as an enhanced offer of the Neighbourhood Teams showing the success of the collaborative working model in reducing hospital admissions and improving patient / family experience. Committee were also informed of the priorities for the forthcoming year including the expansion of the existing virtual ward offer. Committee heard how learning in Leeds is being shared nationally as an exemplar and again were very supportive of the team and the care being delivered out of hospital.

#### **Quality Account**

It was agreed that Committee members would provide feedback outside of the meeting with a plan for this to go to Board in May.

#### **Risk Register**

The newly formatted paper was presented by the Chief Executive. Committee noted and accepted the revisions to the risk register.

#### **Quality Priorities (Q4/End of year report)**

The paper presented by the Executive Director of Nursing & AHPs was accepted by Quality Committee as the end of year position and no amendments were requested prior to submission to Board.

#### **Children's Strategy**

Introduced by the Executive Director of Nursing & AHPs and presented by the Children's Business Unit Clinical Lead and Head of Service Committee heard of the revised 2022-2025 strategy which has involved engagement with the Trust Youth Board. The launch of the strategy is taking place at an event on 7<sup>th</sup> June 2022.

It was requested that further consideration be given to integration and resulting outcomes for the next 3 years throughout the strategy. Committee approved the strategy with consideration of the suggestions made.

#### **Director's declarations of interest**

Presented by the Company Secretary, the Director's declarations of interests for disclosure were noted. 2 minor amendments were identified and addressed.

#### **Board assurance framework**

The Company Secretary presented the paper which was approved by Board in May. BAF Risk 1.5 has been amended with additional sources of assurance being proposed.

Committee noted and agreed the BAF risks assigned to Quality Committee and agreed the existing and proposed sources of assurance.

**Integrated Care steering group minutes**

The last meeting action log was presented to provide Committee with a position on the scope of integration currently taking place.

The Quality Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided	Additional comments
RISK 1.1 The risk that the Trust does not have <b>effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards</b>	12 V High	<ul style="list-style-type: none"> <li>QAIG key issues and assurance report</li> <li>Risk register report</li> <li>Ockenden report</li> <li>Service Spotlight (HHIT, Cardiac Rehab, Self-management, Virtual Ward)</li> </ul>	Reasonable assurance	Good assurance noted from content within the QAIG papers. Committee also assured by translation of Ockenden report findings to the Trust
Risk 1.2 The risk that there are insufficient <b>clinical governance arrangements in place for new care models</b>	9 High	<ul style="list-style-type: none"> <li>Integrated Care Steering Group</li> <li>Service Spotlight (HHIT, Cardiac Rehab, Self-management, Virtual Ward)</li> </ul>	Reasonable assurance	Committee found the presentations all provided good / substantial assurance in relation to current service provision and how they are transforming with consideration of all the Committee BAF risks
RISK 1.3 The risk that the Trust does not maintain <b>and continue to improve service quality</b>	8 High	<ul style="list-style-type: none"> <li>Covid/system pressures update</li> <li>QAIG key issues and assurance report</li> <li>Risk register report</li> <li>Trust priorities 2021/22 Q4 update</li> <li>Formal CQC/HMP report for WYOI</li> <li>Service Spotlight (HHIT, Cardiac Rehab, Self-management, Virtual Ward)</li> </ul>	Reasonable assurance	
RISK 1.4 The risk that the Trust does not <b>engage with patients and the public effectively</b>	12 V High	<ul style="list-style-type: none"> <li>QAIG Assurance report</li> <li>Service Spotlight (HHIT, Cardiac Rehab, Self-management, Virtual Ward)</li> </ul>	Reasonable assurance	
RISK 1.5 The risk that the increased demand for services will <b>affect the provision of timely, equitable, quality</b> services and patient outcomes	12 V High	<ul style="list-style-type: none"> <li>Covid/system pressures update</li> <li>Risk register report</li> <li>Trust priorities 2021/22 Q4 update</li> <li>Service Spotlight (HHIT, Cardiac Rehab, Self-management, Virtual Ward)</li> </ul>	Reasonable assurance	

**Public Board Meeting: 27 May 2022**

**Agenda item number: 2022-23 (7c)**

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**Title: Business Committee Chair's assurance report 27 April 2022**

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**Category of paper: For assurance**  
**History: Not applicable**

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**Responsible director: Business Committee Chair**  
**Report author: Business Committee Chair**

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### **Executive summary (Purpose and main points)**

This report identifies the key issues for the Board from the Business Committee held on 27 April 2022 and provides assurance on how well its strategic risks are being managed. The level of assurance is based on the information in the papers and other information received and the Committee's discussion.

### **Items discussed:**

#### **Covid and system pressures update**

The Committee received an update on the local situation including current infection rates, the system challenges, and the latest information on the vaccination programme. A similar update will be provided to the Board at its next meeting.

#### **City Digital Team presentation**

Nichola Stephens, the Associate Director of Strategy, GP IT and Deputy Senior Information Risk Owner (NHS Leeds Clinical Commissioning Group, GP IT, Leeds City Council), attended the Committee at the Trust's request, to provide details of the City's digital strategy that was to be launched shortly, the engagement that had taken place and she gave examples of how digital technology would be used to improve patient care. There would be an option for the Trust to take up a number of digital services that were being developed including a cyber-security service, and an extended access helpdesk. The Committee agreed that the digital programmes being developed provided great opportunities for improved ways of working across the City and the region. The Committee was keen for the Trust, alongside other partners in the City and in the region, to be much more involved in determining and developing these programmes.

#### **Change Management Programme 2022/23**

The Executive Director of Operations provided the list of priority projects for 2022/23 that had been agreed at Change Management Board on 26 April 2022. These projects were aligned with the Trust's five current priorities. The Committee welcomed this information, which provided a useful insight into specific projects that were being managed by the Business Change & Development Service, within the Operations Directorate. The Committee requested that details of major change projects across the Trust should be brought to a future meeting so that the totality and connectivity of transformational programmes could be evaluated. There was discussion about what constituted transformation as opposed to business as usual, and the Seacroft building refurbishment was given as an example. This was to be further discussed outwith of the Committee meeting.

#### **Premises Assurance Model**

The Executive Director of Finance and Resource advised the Committee that the review of facilities management would be concluded in early May and a report would be presented to the Committee.

#### **Health and Safety Group (escalations)**

The Committee requested regular reports on the status of fire risk assessments and the approach to addressing the backlog as there had been delays in completing these during the pandemic. There was concern about staff not utilising the 'Lone Worker' app and it was agreed that SMT and JNCF would discuss this further.

### **Trust Electronic Patient Record system.**

The Committee agreed the Trust's approach to the future provision of a patient record system. The Committee advised that the Trust considered carefully the balance of a long future contract which gives stability versus a shorter one that may allow the Trust to take advantage of future Supplier innovation.

### **Trust Priorities quarter four / end of year 2021/22**

At the end of quarter four, progress had been made against all five priorities as the Trust continued to support its patients, staff, and the wider health and care system in Leeds and West Yorkshire and manage the impact of the ongoing pandemic. The Committee was pleased with the progress made, during what had been a challenging year.

### **Quarterly Workforce Report (Jan-March 2022)**

The report provided an update on the Workforce Strategy, with a particular focus on capacity, resourcing, wellbeing and retention. The Committee heard that the Trust, like other NHS organisations, continued to operate in a context of higher than usual sickness absence and turnover. Support and retention initiatives are in place and continually reviewed. There were some signs of improvement however the environment remained challenging in terms of both capacity and demand.

### **Workforce focus**

The second part of the Committee meeting had a particular focus on workforce, and included the following two topics:

#### ***Leadership capability***

The Head of Organisational Development and Improvement and the Learning and Development Manager attended the Committee to present the Trust's revised leadership offer. They explained the purpose of the programme, and how it had been adapted during the pandemic, they described the individual topics and the gave number of leaders who had attended. There was also information provided about leadership in the context of recent staff survey results, the Messenger review and how this report once published may influence future leadership programmes, the Trust's approach to coaching and mentorship, talent management and diverse leadership, leader apprenticeships, and the further developments in the pipeline.

The Committee agreed that the information provided reasonable assurance against the strategic (BAF) risk however further evidence of the impact of the programmes was required.

#### ***Future Neighbourhood Teams model***

The Committee was provided with a verbal update on the Neighbourhood Teams transformation model. Workshops had been held to review the way the service operated, recognise the long-term challenges with staffing, consider how the service would work differently and in partnership to have a 'One Team Leeds' approach, a focus on self-management, and improving the interface between hospital and community so that people were discharged to the most appropriate place the first time. More information would be provided to the Committee as the remodelling work progressed.

**Recommendation:**

The Board is recommended to note the assurance levels provided against the strategic risks.



**Recommendation:** The Board is recommended to note the assurance levels provided against the strategic risks

The Business Committee provides the following levels of assurance to the Board on these strategic risks	Risk score (current)	Agenda items reviewed	Overall level of assurance provided that the strategic risk is being managed (or not)	Additional comments
Risk 2.1 The risk that the Trust does not deliver on its <b>major change programmes</b>	9 High	<ul style="list-style-type: none"> <li>Priority Projects list</li> </ul>	Reasonable	The Committee appreciated having sight of the Priority Projects List (Operations Directorate). Additional assurance is still required about the management of change programmes across the Trust
RISK 2.6 The risk that the Trust is not investing in and creating the <b>capacity and capability</b> to respond to the increasing dependency on <b>digital solutions</b>	12 V High	<ul style="list-style-type: none"> <li>City Digital Team (presentation)</li> <li>Priority Projects list</li> </ul>	Reasonable	The Committee welcomed the information provided about plans for City-wide digital systems. Further assurance is needed on the specification and timings of future City-wide projects and the timely involvement and level of collaboration.
RISK 2.8 The risk that waiting times for appointments are not reduced	12 V High	<ul style="list-style-type: none"> <li>Covid / system pressures update</li> <li>Priorities quarterly update</li> <li>Workforce quarterly report</li> </ul>	Reasonable	
RISK 3.1 <b>The risk that</b> the Trust does not have <b>suitable</b>	16 Extreme	<ul style="list-style-type: none"> <li>Covid / system pressures update</li> <li>Priorities quarterly update</li> </ul>	Reasonable	

<b>and sufficient staff capacity and capability</b> and is it maintaining a manageable level of <b>absence</b>		<ul style="list-style-type: none"> <li>• Workforce quarterly report</li> <li>• Future Neighbourhood Teams model</li> </ul>		
RISK 3.3 The risk that the Trust is not investing in developing <b>managerial and leadership capability</b>	9 High	<ul style="list-style-type: none"> <li>• Workforce quarterly report</li> <li>• Workforce focused topic: Leadership capability</li> <li>• Future Neighbourhood Teams model?</li> </ul>	Reasonable	
RISK 3.4 The risk that the Trust does not develop and embed a suitable <b>health and safety management system</b>	12 V High	<ul style="list-style-type: none"> <li>• Health and Safety Group escalations</li> <li>• Premises Assurance Model report</li> <li>• Priorities quarterly update</li> </ul>	Reasonable	The Committee awaits the report on Facilities management and the status of fire risk assessments. The Health and Safety Group escalation themes are to be discussed at SMT and further information brought to the Committee.
RISK 3.5 The risk that the Trust is not maintaining <b>business continuity</b> in the event of significant disruption	12 V High	<ul style="list-style-type: none"> <li>• Covid / System pressures update</li> <li>• Risk register</li> <li>• Priorities quarterly report</li> </ul>	Reasonable	

**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (8ai)**

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**Title: Performance Brief Year End 2021/2022  
AND  
Performance Brief (April 2022)**

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**Category of paper:** for assurance

**History:** Quality Committee – 23 May 2022  
Business Committee – 25 May 2022

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**Responsible director:** Executive Director of Finance and Resources  
**Report author:** Head of Business Intelligence

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**Executive summary (Purpose and main points)**

This report seeks to provide a summary of performance against the 2021/22 KPIs, and a summary of Performance in April 2022.

It is structured in line with the Care Quality Commission (CQC) domains with the addition of Finance.

The report focuses on performance against the KPIs which were agreed before the commencement of the financial year and is provided to highlight trends and provide assurance.

Trust Performance on the KPIs during the year was again significantly affected by the impact of the pandemic on services and the Trust's normal business. In that context, this document does not seek to present an in-depth analysis of performance against KPIs but to offer some comments to assist the Board in its assessment of the year as part of a suite of documents including the Annual report and Accounts, Assessment of Performance against Priorities, and the Quality Account.

**Recommendations**

The Board is recommended to note present levels of performance against KPIs.

# Performance Brief – April 2022

## Purpose of the report

This report seeks to provide assurance to the Senior Management Team, Business Committee, the Quality Committee and the Trust Board on quality, performance, compliance and financial matters.

It is structured in line with the Care Quality Commission (CQC) domains with the addition of Finance.

The report focuses on performance against the KPIs agreed before the commencement of the financial year and includes some of the new metrics required by the Board for inclusion this year. The Board is advised that further development is required to provide all suggested metrics, and further information will be made available about the proposed development plan.

Given the inclusion of new metrics in this report and given that a Year End Narrative Performance Brief has also been submitted alongside this report, this Performance Brief has been written without narrative. Board members can view this report to gain insight into the Performance of the organisation at the outset of this year, and may comment on any trends observable in the data.

## Committee Dates

Quality Committee – 23<sup>rd</sup> May 2022  
Business Committee – 25<sup>th</sup> May 2022  
Trust Board – 27<sup>th</sup> May 2022







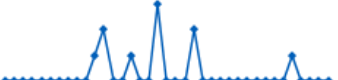

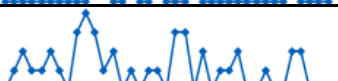

## Recommendations

The Board is recommended to:

- Note present levels of performance
- Determine levels of assurance on any specific points

# Safe – April 2022

By safe, we mean that people are protected from abuse and avoidable harm

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	YTD	Time Series (from Apr-19)
Patient Safety Incidents reported as Harmful (per 1K contacts)	SL	1.42 to 2.09		2022/23	2.29	2.29	
				2021/22	1.68	1.68	
Serious Incidents (per 1K contacts)	SL	0 to 0.1		2022/23	0*	0*	
				2021/22	0.02	0.02	
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	8 per year		2022/23	0*	0*	
				2021/22	0	0	
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0		2022/23	0*	0*	
				2021/22	0	0	
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	10 per year		2022/23	0*	0*	
				2021/22	1	1	
Number of Gram Negative Infections	SL	40		2022/23	46	46	
				2021/22	39	39	

\* These numbers are subject to revisions pending completion of investigations

# Caring – April 2022

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	YTD	Time Series (from Apr-19)
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	≥95%		2022/23	92.8%	92.5%	
				2021/22	95.4%	95.1%	
Total Number of Formal Complaints Received	SL	No Target		2022/23	4	4	
				2021/22	5	5	

# Effective – April 2022

By effective, we mean that care, treatment and support received by people achieve good outcomes and helps people maintain quality of life and is based on the best available evidence.

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These KPIs are reported Quarterly. Data will be included following the completion of Q1



# Responsive – April 2022

By responsive, we mean that services are organised so that they meet people's needs



**Leeds Community  
Healthcare**  
NHS Trust

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	YTD	Time Series (from Apr-19)
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	≥92%	●	2022/23	80.6%	80.6%	
				2021/22	83.1%	83.1%	
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	●	2022/23	0	0	
				2021/22	0	0	
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	≥99%	●	2022/23	38.3%	38.3%	
				2021/22	39.2%	39.2%	
% Patients waiting under 18 weeks (non reportable)	SP	≥95%	●	2022/23	85.8%	85.8%	
				2021/22	73.8%	73.8%	
LMWS – Access Target; Local Measure (including PCMH)	SP	24456	●	2022/23	1360	1360	
				2021/22	2479	2479	
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target		2022/23	62.6%	62.6%	
				2021/22	73.6%	73.6%	
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	≥95%	●	2022/23	100.0%	100.0%	
				2021/22	99.5%	99.5%	
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	≥75%	●	2022/23	92.1%	92.1%	
				2021/22	88.3%	88.3%	

# Well-Led – April 2022

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high quality person-centred care, encourages learning and innovation, and promotes an open and fair culture.



**Leeds Community Healthcare**  
NHS Trust

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	YTD	Time Series (from Apr-19)
Staff Turnover	LS/JA	<=14.5%	●	2022/23	14.4%	14.4%	
				2021/22	10.3%	10.3%	
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	●	2022/23	19.2%	19.2%	
				2021/22	16.5%	16.5%	
Short term sickness absence rate (%)	LS/JA	<=3.0%	●	2022/23	2.8%	2.8%	
				2021/22	1.7%	1.7%	
Long term sickness absence rate (%)	LS/JA	<=3.5%	●	2022/23	5.1%	5.1%	
				2021/22	3.0%	3.0%	
Total sickness absence rate (Monthly) (%)	LS/JA	<=6.5%	●	2022/23	7.9%	7.9%	
				2021/22	4.7%	4.7%	
AfC Staff Appraisal Rate	LS/JA	>=90%	●	2022/23	79.0%	79.0%	
				2021/22	76.2%	76.2%	
Statutory and Mandatory Training Compliance	LS/JA	>=90%	●	2022/23	88.1%	88.1%	
				2021/22	89.9%	89.9%	

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	YTD	Time Series (from Apr-19)
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target		2022/23	7.8%	7.8%	
				2021/22	5.1%	5.1%	
Total agency cap (£k)	BM			2022/23	352	352	
				2021/22	#N/A	#N/A	
Percentage Spend on Temporary Staff	BM	No Target		2022/23	6.3%	6.3%	
				2021/22	#N/A	#N/A	

# Finance – April 2022

By finance, we mean the Trust's financial position is well managed. This is not a CQC Domain.



**Leeds Community  
Healthcare**

NHS Trust

Finance	Responsible Director	Target - YTD	Forecast	Financial Year	Apr	YTD	Time Series (from Apr-19)
Net surplus (-)/Deficit (+) (£m) - YTD	BM	0.0	●	2022/23	0.1	0.1	
Capital expenditure in comparison to plan (£k)	BM	3700	●	2022/23	0	0	
CIP delivery (£k)	BM	1065	●	2022/23	226	226	

# Performance Brief – Year End 2021/22

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Leeds Community  
Healthcare  
NHS Trust

## Purpose of the report

This report seeks to provide a summary of performance against the 2021/22 KPIs.

It is structured in line with the Care Quality Commission (CQC) domains with the addition of Finance.

The report focuses on performance against the KPIs which were agreed before the commencement of the financial year and the start of the Covid-19 pandemic.

Trust Performance on the KPIs during the year was again significantly affected by the impact of the pandemic on services and the Trust's normal business. In that context, this document does not seek to present an in-depth analysis of performance against KPIs but to offer some comments to assist the Board in its assessment of the year as part of a suite of documents including the Annual report and Accounts, Assessment of Performance against Priorities and the Quality Account.

## Recommendations

The Board is recommended to note the year end record of performance against KPIs.

# Safe – Year End 2021/22

By safe, we mean that people are protected from abuse and avoidable harm



**Leeds Community  
Healthcare**  
NHS Trust

Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.42 to 2.09	2021/22	1.74	1.96	1.83	1.98		Apr-17
			2020/21	2.12	1.97	1.83	1.95		
Serious Incident Rate	SL	0 to 0.1	2021/22	0.01	0.00	0.00	0.00		Apr-17
			2020/21	0.05	0.06	0.05	0.04		
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	0.67	2021/22	0	1	1	0		Apr-16
			2020/21	3	5	1	2		
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2021/22	0	0	1	0		Apr-16
			2020/21	1	1	0	2		
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	0.83	2021/22	4	1	2	2		Apr-20
			2020/21	4	4	3	3		
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	No Target	2021/22	63%	73%	83%	98%		

## Summary

There were 7632 incidents reported within the Trust during 2021/22, a 19.2% reduction on the 9440 in 2020/21. Of these, 5146 were reported as an incident relating to receiving care from the Trust. Of those 4409 were patient safety incidents, this is a 17.1% reduction in patient safety incidents from 2020/21 when there were 5315.

There was a significant increase in reported incidents for Adult Services at the beginning of the pandemic in 2020. These included unexpected deaths from COVID-19 and an increase in deteriorating pressure ulcers, which was also seen nationally. The incidents reduced towards the end of 2020 and

the incidents have remained stable into 2021/22. In April 2021, Little Woodhouse Hall transferred to another provider which significantly reduced the number of incidents being reported for the Children's Business Unit in 2021/22.

Most patient safety incidents result in no injury or minimal harm. There were 414 incidents reported as moderate harm and there were 59 major harm incidents reported, a 4.6% and 42.7% decrease on the previous year respectively. The significant reduction in major harm incidents relates to a 43.2% reduction in major harm falls incidents and a 38.5% reduction in major harm skin damage from the previous year.

Falls and skin damage are our most frequent areas of harm to patients and where we have seen the greatest reduction in major harm incidents being reported from 2020/21 to 2021/22. The small backlog of cases still under review means that the numbers present here may be subject to further revision, and this should be taken into account when performance targets are set for the next financial year.

In 2021/22 overall, Serious Incident investigations were completed for fifteen falls and skin damage incidents. This compares to 51 in 2020/21. When looking specifically at major harm falls and skin damage there were seventeen Serious Incident investigations completed in 2020/21 compared to two in 2021/22. This highlights that in addition to the significant reduction in the number of major harm incidents for these categories, there was also a significant reduction of those incidents requiring further detailed review to assess for any lapses in care.

It should be noted that the reduction in completing Serious Incident investigations is also in line with our progress towards implementation of the Patient Safety Strategy. The Trust has continued the journey to implementation of the national Patient Safety Strategy that aims to investigate incidents in a more meaningful way to gain the most learning. The Trust has and continues to investigate incidents in a way that delivers the most learning in line with the national Strategy.

Our focus on learning has been strengthened this year and the Trust has worked diligently to embed learning from previous incidents to reduce recurrence, this includes how we support our frail, elderly patients.

## Medications

### Key digital enabler work

Significant progress has been made during 2021/22 with the implementation of electronic prescribing. During the last 12 months, the Cardiac Service, the Virtual Ward (Frailty) and the End-of-Life Teams have implemented electronic prescribing and are already benefitting from improved patient safety and increased staff capacity. Supported by integrated formularies to drive effective prescribing decisions, the programme will continue to roll out during 2022/23.

For 2021/22 98% (108 out of 110 teams/services) have completed a Medicines Code Assurance Check since 1 April 2020. The two outstanding teams (Wetherby Neighbourhood Team and the CAMHS Eating Disorder team have been provided support to complete the assurance check during Q1 2022/23).

# Caring – Year End 2021/22

By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect

Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%	2021/22	95.7%	92.1%	91.3%	91.8%		Apr-16
			2020/21	-	-	95.7%	97.1%		
Total Number of Formal Complaints Received	SL	No Target	2021/22	23	25	20	24		Apr-16
			2020/21	19	35	29	14		
Number of Compliments Received	SL	No Target	2021/22	237	180	216	218		Apr-19
			2020/21	148	244	261	249		

## Friends and Family Test

The Trust continues to use the Friends and Family Test (FFT) across most services, with the following services starting its use in 2021/22: -

- Long Covid Rehab Service, in line with NHS England guidance
- Police Custody Suites, re launched use of the FFT using digital approaches

In 2021/22, 4283 FFT responses were received, with 94% (4030 out of 4283 respondents) of community patients/service users reporting their experience as good or very good. The overall number of responses has increased significantly since 2020/21, where 1345 responses were received. This is due to the national pause on FFT from April – December 2020 due to the Covid 19 Pandemic. In 2020/21, 95% of respondents rated their experience of care as either Very Good or Good so this figure has remained consistent.

The Patient Experience Team continues to work with Engagement Champions, Quality Leads, and services to increase use of the FFT. Following an 8 month pause due to the Covid 19 pandemic, the FFT was re-launched with a new online format, complimenting the original postcard approach. In 2021/22, data shows that 1885 (44%) of feedback responses were received via online surveys, proving that this is becoming a popular option for



people to provide feedback. The FFT is also available in easy-read, children's and young people's format, and in the top 5 spoken languages in Leeds: Polish, Urdu, Punjabi, Romanian and Slovak.

## Stakeholder Engagement

Key engagement projects over the 12 months have been: -

- **ABU Transformation Project:** Identifying what is important to patients before and during a home visit, identify what a good visit looks like. The service will be presenting findings to the Neighbourhood Model Review Group to help support and deliver service change.
- **Community Neurology Rehabilitation Service Review:** Establishing a variety of engagement methods to describe the patients journey through the service and wider system, including focus groups of users and digital surveys. Themes from this work include:
  - People want better communication whilst waiting to access the service
  - People prefer to be seen in local community hospitals rather than big general city hospitals and would like to be given a range of options to access the inpatient service
  - Carers, friends, and families of patients want to be more involved
  - People from diverse communities need more assurance about what to expect before they arrive at hospital
  - Next steps are to co-produce service improvements supporting the users' experiences.

## Compliments, Concerns and Complaints

The number of compliments and complaints in 2021 – 2022 were similar numbers to the previous year. The number of reported concerns in 2021 – 2022 rose to 593. The Patient Experience Team will be reviewed monthly to see if this trend continues in 2022-2023.

### Annual Volumes of Patient Feedback

	2019/2020	2020/2021	2021/2022
Compliment	1591	986	949
Concern	434	366	593
Complaint	203	102	102
Enquiries	56	70	61

Data correct on 3 May 2022

### Complaints received within the year by Team/Service (for those with 5 and above)

Service	2021/2022
Leeds Community CAMHS	12
Leeds Sexual Health Service	10
Patient Flow Services	7
0-19 PHINS	7
MSK and Rehabilitation	5
North 2 - Adult Neighbourhood Services	5
South 1 - Adult Neighbourhood Services	5
Quality and Professional Development (QPD)	5

Data correct on 3 May 2022

In 2021-22 Leeds Mental Health and Wellbeing Service was no longer the highest reporter of complaints with 4 recorded complaints compared to 11 in the previous year. Leeds CAMHS remain a service receiving a higher number of complaints. 12 in 2021-22 and 11 in 2020-21. The main reason for complaints in 2021-22 has been issues with the Neurodevelopmental (ADHD and ASD) Assessment Pathway, which the service is aware of.

#### Learning identified from complaints in 2021/2022

<b>Issues Raised</b>	<b>Key Changes Identified</b>	<b>What Difference Will This Make?</b>
Delay in Neurodevelopment Assessments pathway	LCH is working with commissioners to consider ways to address as part of transformation programme.	By working together for a solution LCH can ensure patient and family voices are heard and part of the transformation programme.
Difficulties in accessing services, arranging appointments	Updated telephone system for Leeds Sexual Health Services. Review of appointment approaches increasing use of technology to deliver appointments.	Increase access to services and appointments and appropriate clinical care for patients.
Communication with service users changes in pathways.	The need to involve and listen to services users at the beginning of reviewing and changing pathways and not at the end.	Ensuring changes are coproduced when ever possible with patients experiences central to service change.
Referral process for services.	The need to make referral into our services simple, one stop for GP colleagues	Easier and quicker access to the most appropriate LCH service for users, patients and referers

# Effective – Year End 2021/22

By effective, we mean that care, treatment and support received by people achieve good outcomes and helps people maintain quality of life and is based on the best available evidence.



Leeds Community  
Healthcare

NHS Trust

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	100%*	2021/22		81%	81%	93%		
			2020/21	85%	87%	87%	87%		
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	RB	No Target	2021/22		90%	96%	96%		
			2020/21	54%	56%	56%	57%		
Number of Unexpected Deaths in Bed Bases	RB	No Target	2021/22	0	0	1	2		
			2020/21	1	0	2	1		
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload	RB	No Target	2021/22	0	1	2	2		
			2021	1	1	1	2		
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100%*	2021/22	100%	100%				
			2020/21	0%	0%	33%	33%		
Priority 2 audits: number completed year to date versus number expected to be completed in 2021/22	RB	100%*	2021/22	100%	100%				
			2020/21	7%	19%	21%	31%		
Total number of audits completed in quarter	RB	No Target	2021/22	100%	100%				
			2020/21	4%	9%	36%	33%		
Percentage of patients recruited into NIHR portfolio studies (CRN Target 700)	RB	100%*	2021/22	2%	33%	45%	64%		
			2020/21	-					

## NICE

Following a pause on NICE Guidance assessment and progression due to the impact of the COVID-19 pandemic, the programme was restarted in March 2021. As the pandemic continued to impact services the programme was again paused organisationally between 1 November 2021 to 31 March 2022.

Whilst the programme was active, the Quality Leads worked with Teams to re assess the pre 2021/22 outstanding guidance to ensure the current position was an accurate reflection of the organisation's concordance. Teams have also been active in progressing outstanding action plans to completion. This has resulted in a significantly improved position for the 2017-2021 Guidance

The Clinical Governance Team continued to work on NICE Guidance during the pause. The initial relevance of all published Guidance was assessed monthly and where possible the Team completed the relevant baseline assessments. The Team also utilised the pause to add all open Guidance to Datix. There are currently 33 open Guidance across 37 services in total, the current position is as follows:

### NICE programme – 2017-2021

There are currently nine open NICE Guidance with baseline assessments required or action plans in place for partial/non-compliance. Two of the guidance date back to 2017.

### Programme for 2021 – 2022.

For 2021/22 there are 24 Guidance open over 28 services.

### Data for core indicators

Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH (expressed as a %): -

- 92.7% fully compliant (represents 39 of 42)
- 4.8% non-compliant (represents two)
- 2.4% previously agreed non-compliance by Quality Committee (represents one).

Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH (expressed as a %): -

- 95.5% full compliance (represents 21 of 22)
- 4.6% non-compliant (represents one).

A full detailed report is provided to Quality Committee six monthly and will be submitted for May 2022 Quality Committee review.

## Clinical Outcomes

Throughout 2021/22 the Clinical Outcome Project Team worked closely with services to develop and implement a reliable and reportable system of measuring clinical outcomes with a view to: -

- Allowing greater public transparency and accountability.
- Give clinical staff a better basis for judging and improving their practice.
- Offer patients the basis to make informed choices about their care.
- Providing evidence for service improvement and quality assurance of operations.
- Ensuring better data for health service commissioners when making funding decisions

Clinical outcome measures data is now being used to drive improvement through audit, Quality Improvement projects, service evaluations and national benchmarking collaborations.

## Research and Development

The research work in 2020/21 was dominated by COVID-19 and the LCH Research Team were part of the national effort to evaluate potential new vaccines. As effective vaccines were introduced, our research efforts over the last 12 months have gradually restarted in line with the clinical service Reset and Recovery programme. A total of 449 patients were recruited into community studies across a range of services, including the MSK Service, the COVID Rehab Team and the ICAN Service. Our partnership with Primary Care has continued, working with a GP practice to recruit 78 patients to primary care-based studies. Looking forward to 2022/23, several new studies are in the early set up phases, and we are exploring with city-wide partners how we can contribute to delivering the city-wide ambition of Leeds as a centre of excellence for research and innovation.

## Policy Review and Clinical Audit

During 2021/22 review of Clinical and Corporate Policies continued and the Trust reviewed and ratified seventeen policies. However, due to the impact of the pandemic some policies did become overdue in the period. A robust risk assessment process was established to assess the risk of the policy being overdue, there are nineteen policies overdue with up-to-date risk assessments in place that have been reviewed by the Clinical and Corporate Policy Group.

During 2021/22 LCH were eligible for and participated in four national clinical audits and one national confidential enquiry for the services the Trust delivers. There were no national audits applicable to our organisation that we did not intend to participate. In addition, LCH reviewed 88 audit reports from local clinical audits and identified learning where appropriate. Low risk audits were paused between November 2021 and April 2022 due to capacity and demand difficulties across the services, however all high-risk audits and low risk audits where resources allowed continued.

# Responsive – Year End 2021/22

By responsive, we mean that services are organised so that they meet people's needs

Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2021/22	87.3%	83.6%	87.2%	84.0%		Apr-16
			2020/21	88.7%	76.5%	80.6%	82.1%		
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2021/22	0	0	0	2		Apr-16
			2020/21	0	0	0	2		
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2021/22	43.7%	38.8%	44.7%	39.0%		Apr-16
			2020/21	24.1%	19.4%	33.4%	34.1%		
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2021/22	76.1%	85.4%	85.3%	88.4%		Apr-16
			2020/21	69.2%	71.9%	71.7%	74.7%		
LMWS – Access Target; Local Measure (including PCMH)	SP	24456	2021/22	7610	7473	7380	6505		Nov-19
			2020/21						
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2021/22	73.8%	66.3%	57.7%	64.0%		Nov-19
			2020/21						
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2021/22	99.5%	99.8%	99.6%	99.4%		Apr-16
			2020/21	99.3%	99.3%	99.1%	99.4%		
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2021/22	89.6%	93.6%	95.3%	95.1%		Apr-16
			2020/21	37.9%	58.1%	73.2%	81.1%		

## Waiting Lists

During 2021/22, the total waiting list size for the Trust has increased, both for Consultant-led and Non Consultant-led pathways (See Tables 1 & 2). However, the data shows clearly that teams have been prioritising both patients with the longest waiting times as well as clinically urgent, as shown by the reductions in numbers of patients waiting more than 26 weeks for Non Consultant-led pathways, and the avoidance of nearly all 52-week breaches for Consultant-led services.

Table 1 – Consultant-led Waiting Times

Consultant-led Waiting Times	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
0 to 12 weeks	1072	1171	1242	1272	1081	1046	1045	1200	1272	1257	1219	1344
12 to 18 weeks	341	365	280	358	439	334	362	236	353	524	540	396
18 to 26 weeks	246	163	184	221	215	240	243	217	181	295	263	234
26 to 52 weeks	42	36	37	64	46	30	50	53	57	96	108	98
More than 52 weeks	0	0	0	0	0	0	0	0	0	0	2	0
Total	1701	1735	1743	1915	1781	1650	1700	1706	1863	2172	2132	2072

Table 2 – Non Consultant-led Waiting Times

Non Consultant-led Waiting Times	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22
0 to 12 weeks	9572	10898	9219	14115	11914	15192	15656	15929	14984	15412	13768	14523
12 to 18 weeks	1523	1726	1407	1832	1640	2728	2447	2166	4190	5583	4876	3546
18 to 26 weeks	1398	1208	1096	1310	1014	1597	1936	2005	1739	2813	1851	2124
26 to 52 weeks	1422	1616	1432	1327	975	925	993	1069	1322	1309	948	728
More than 52 weeks	919	843	805	835	492	535	515	276	242	120	109	98
Total	14834	16291	13959	19419	16035	20977	21547	21445	22477	25237	21552	21019

The charts below highlight further the improvement made by clinical teams during 2021/22 to further recover from the impacts of the COVID-19 pandemic. These improvements were set against the backdrop of the continuing pandemic and significant escalation levels, the Omicron Variant, high levels of staff absence, and a highly challenging recruitment market. Clinical teams should be highly commended for delivering such improvements, although further work will be required during the upcoming financial year to fully recover waiting times.

Services continue their focus on reducing backlogs, whilst also responding to urgent and emergency demand. Almost all services have been reporting increased complexity of patients whilst waiting, which has required ongoing mitigation from clinicians to review and reassess patients.

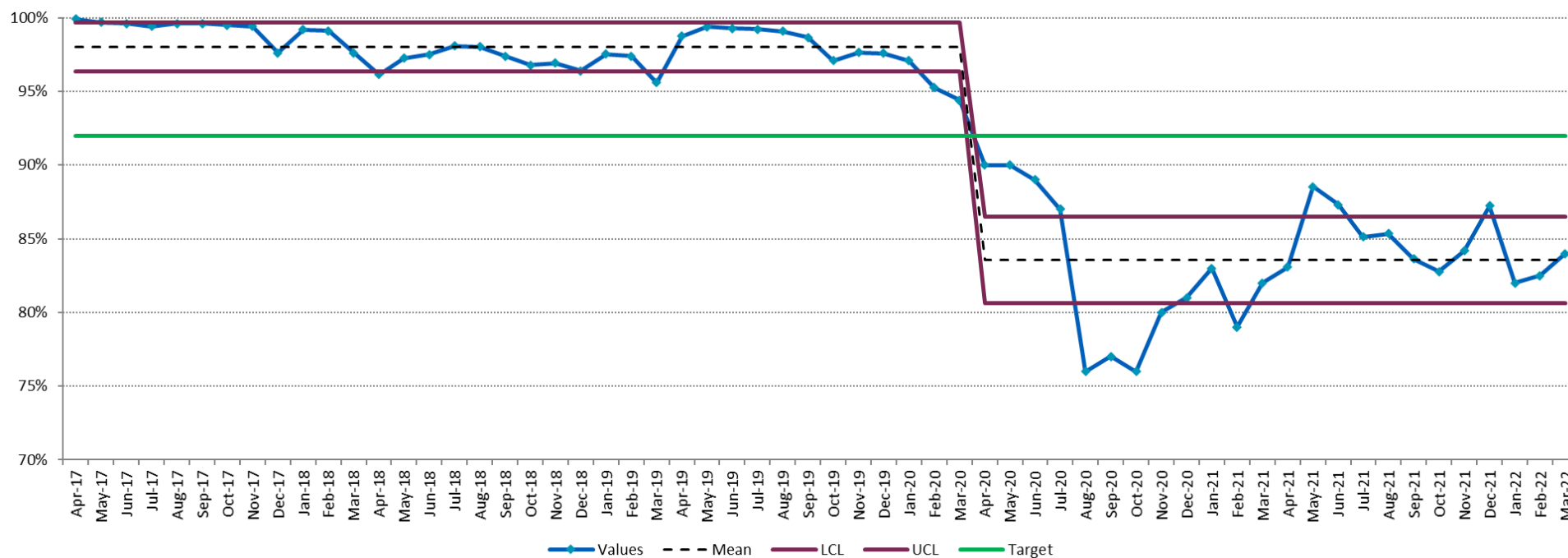
## Percentage of patients currently waiting under 18 weeks (Consultant-Led)



No significant change



Consistently falling short of target



The high variability displayed over the last two years compared to pre-pandemic is indicative of the ongoing volatility that services are experiencing. Constant fluctuations in staffing, referrals and other factors that impact operational delivery continue to be reported by teams through performance panels.



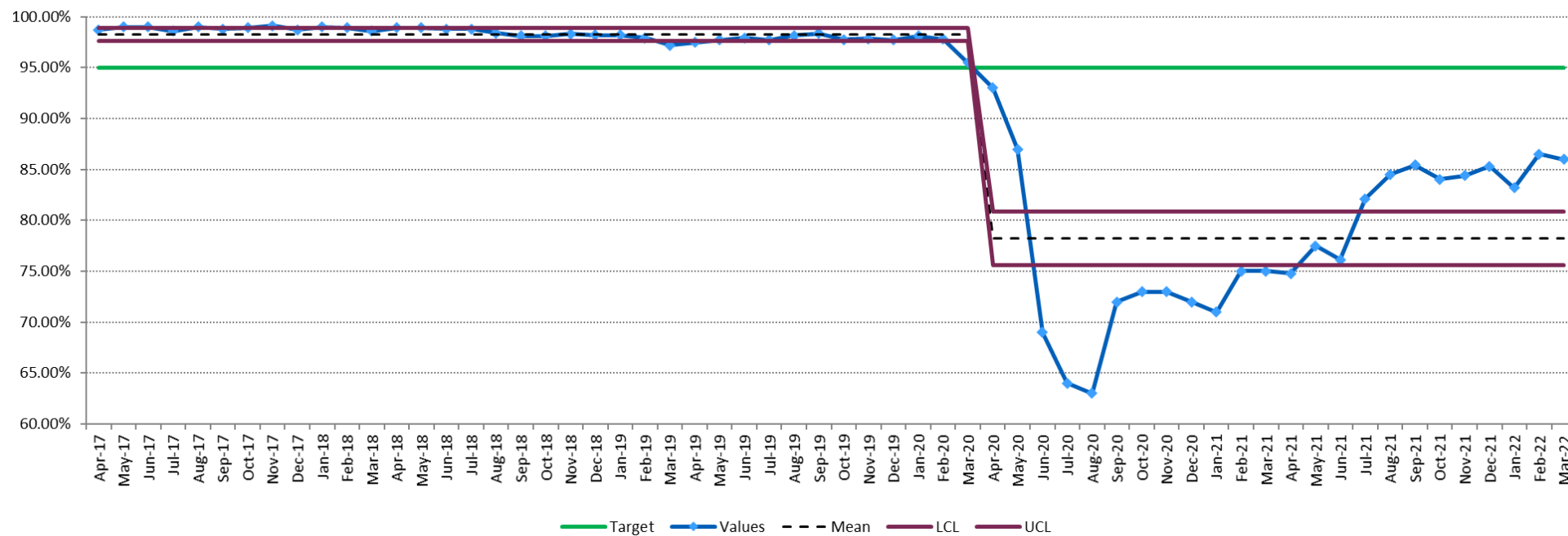
## Percentage of Patients waiting under 18 weeks (non-reportable)



Significant change of an improving nature



Consistently falling short of target



Improvement is visible in our waiting times for Non Consultant-led pathways, clearly highlighting the impact of hard work, focus and investment in additional capacity.

## Diagnostic Pathways

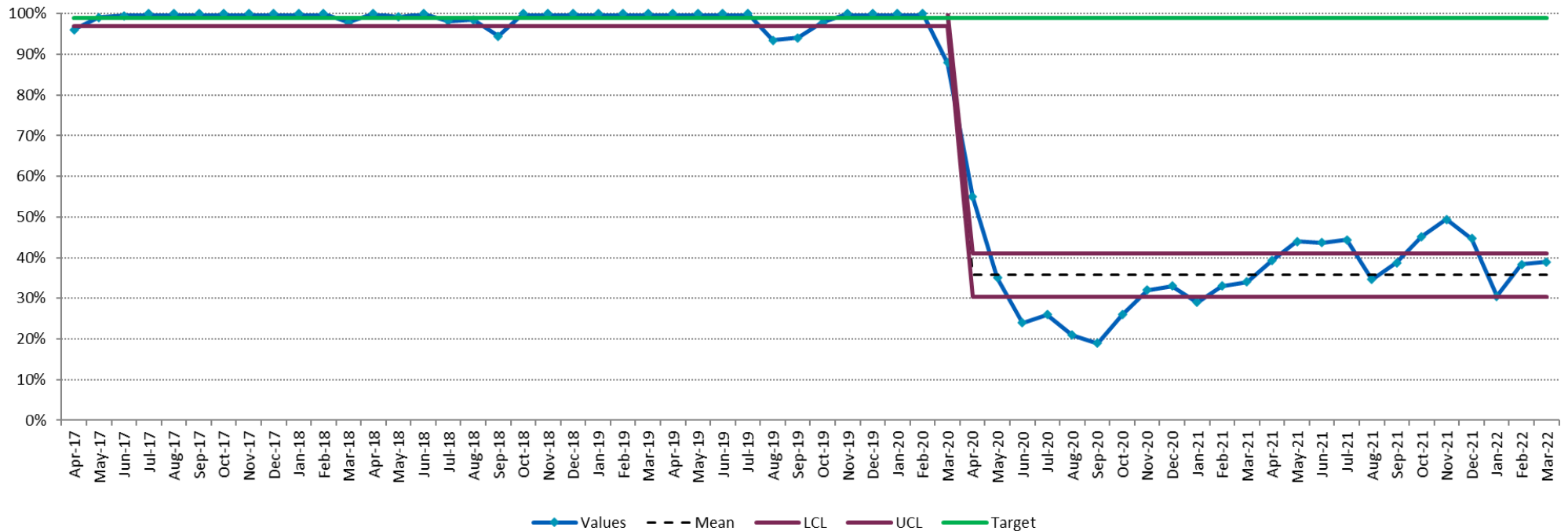
### Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)



No significant change



Consistently falling short of target



Although improvement is still required in the number of patients receiving a diagnostic assessment within 6 weeks, progress has been made within these pathways to reduce backlogs and waiting times for patients. A comprehensive management plan is in place for the audiology service, including bespoke modelling and analytics. Further work on the recovery of this standard will continue within the upcoming financial year.

# Well-Led – Year End 2021/22

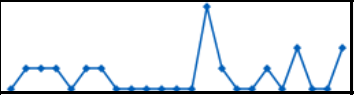

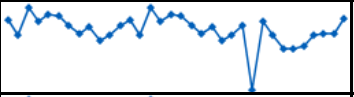

By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high quality person-centred care, encourages learning and innovation, and promotes an open and fair culture.



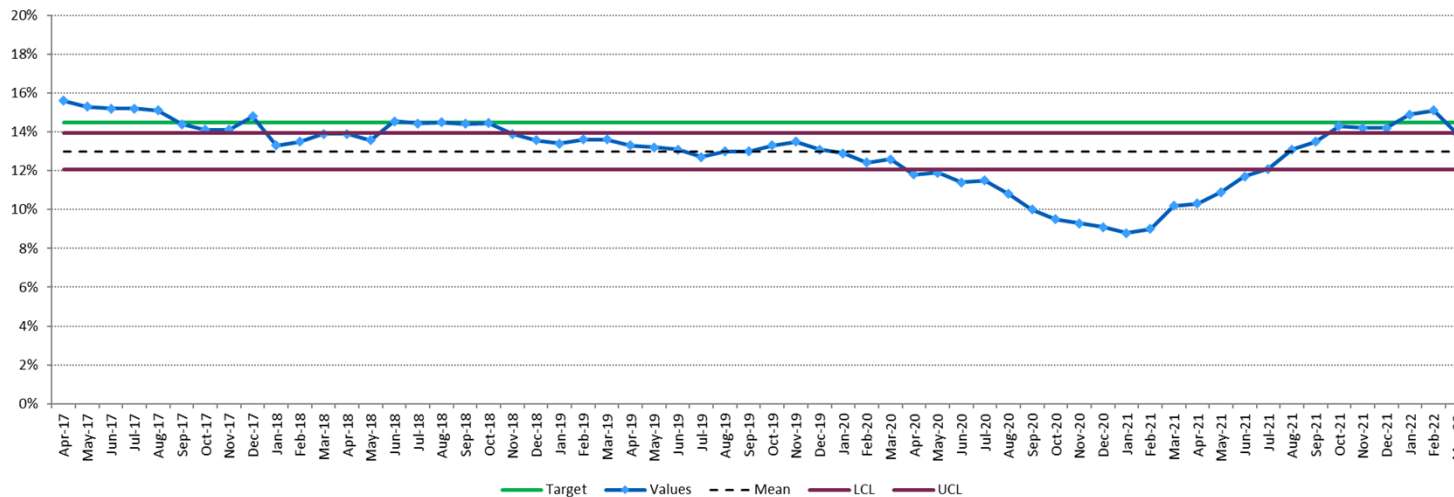
**Leeds Community Healthcare**

NHS Trust

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
Staff Turnover	LS/JA	<=14.5%	2021/22	11.7%	13.5%	14.2%	13.9%		Apr-17
			2020/21	11.4%	10.0%	9.1%	10.2%		
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2021/22	18.8%	19.9%	21.9%	20.1%		Apr-17
			2020/21	21.6%	24.9%	15.1%	13.0%		
Stability Index	LS/JA	>=85%	2021/22	85.8%	83.8%	75.5%	85.1%		Apr-17
			2020/21	88.6%	89.9%	90.2%	88.2%		
Short term sickness absence rate (%)	LS/JA	<=2.2%	2021/22	1.4%	1.8%	2.5%	2.8%		Apr-17
			2020/21	1.0%	1.4%	1.5%	1.3%		
Long term sickness absence rate (%)	LS/JA	<=3.6%	2021/22	3.7%	4.9%	5.3%	4.6%		Apr-17
			2020/21	3.9%	3.4%	3.8%	4.0%		
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	2021/22	5.1%	6.7%	7.8%	7.4%		Apr-16
			2020/21	4.3%	4.9%	5.5%	4.7%		
AfC Staff Appraisal Rate	LS/JA	>=90%	2021/22	72.9%	70.6%	74.8%	78.5%		Apr-16
			2020/21	81.8%	83.6%	79.6%	75.4%		
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2021/22	89.2%	88.6%	87.2%	88.0%		Apr-21
			2020/21	-	-	-	-		

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2021/22	<b>5</b>	<b>1</b>	<b>2</b>	<b>2</b>		Apr-16
			2020/21	2	2	1	0		
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2021/22	<b>5.5%</b>	<b>6.3%</b>	<b>8.4%</b>	<b>7.6%</b>		Aug-18
			2020/21	10.9%	10.7%	11.1%	11.1%		
Total agency cap (£k)	BM	No Target	2021/22	<b>690</b>	<b>705</b>	<b>938</b>	<b>1303</b>		Apr-19
			2020/21	2546	550	557	689		
Percentage Spend on Temporary Staff	BM	No Target	2021/22	<b>4.8%</b>	<b>4.5%</b>	<b>5.2%</b>	<b>6.6%</b>		Apr-19
			2020/21	5.0%	3.9%	4.0%	4.4%		

## Staff Turnover



Staff turnover has seen values above the upper control limit since October 2021. This indicates a significant change since the reduced rates experienced during the height of the pandemic. The past 12 months has seen turnover rates steadily increase from 10.2% at March 2021 to 14.4% at April 2022, and due to the continuation of service pressures and skills shortages locally and nationally, turnover is expected to remain above the upper control limit.

Turnover remains highest for the registered nursing staff group. 36% of overall leavers this year were registered nurses. The main reasons given for staff leaving are categorised within ESR as; voluntary resignation (reasons not known), work life balance and promotion. We are responding to this turnover, through a range of recruitment initiatives such as international recruitment and development of a health care support worker apprentice role.

A range of resourcing and retention initiatives to increase supply and capacity and stabilise the workforce were implemented in 21/22 as follows: -

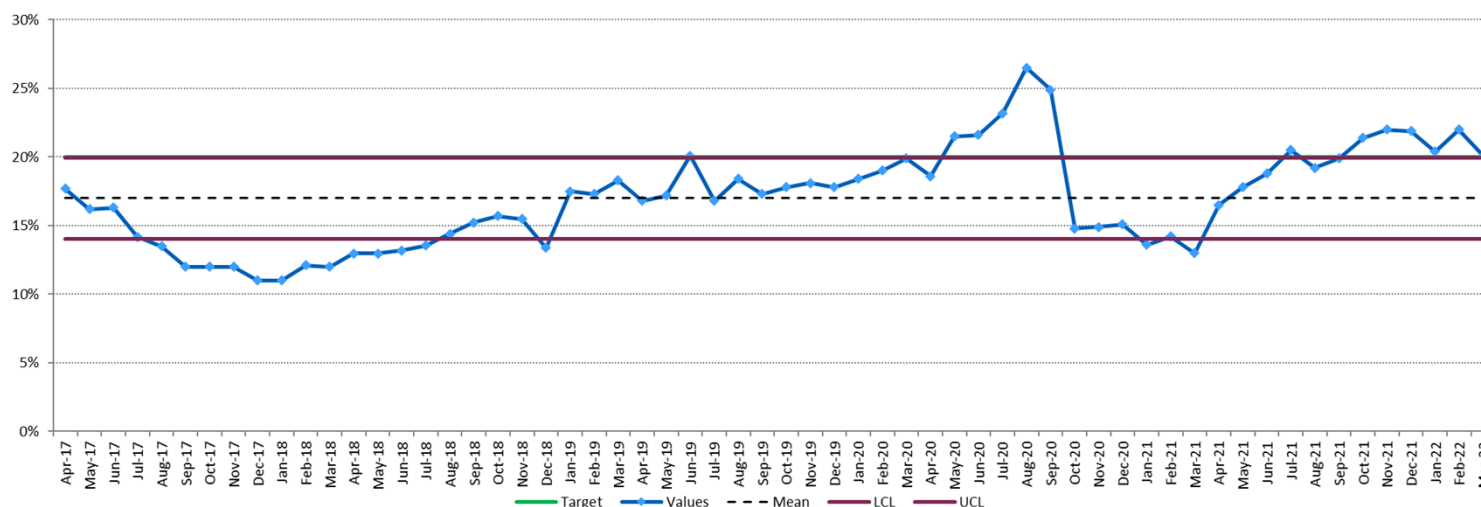
- Annual leave selling / carry over of annual leave /increased pay for critical shifts / Instantpay incentives for bank staff / supporting mutual aid and upscaling of the staff bank to maximise LCH's flexible workforce capability
- Monitoring of turnover, identification of hotspots and themes resulting in a focus on development of career pathways from entry level roles to registered nurses
- Development of retention-focused elements in appraisal, leading to "Stay" conversations
- All roles are advertised as flexible to support work life balance
- Targeted local recruitment for increased diversity/narrowing inequalities
- International recruitment of registered nurses
- Development of apprenticeships including new entry level roles as well as a career pathway for unregistered workers who can progress to registered roles using apprenticeships
- New national NHS Jobs system to streamline recruitment processes has been implemented
- Raising profile of LCH as an employer of choice via digital social media platforms and attendance at a number of recruitment fairs.
- Working with colleagues across the city to promote One Leeds Workforce and careers in health and care

Further work to progress as follows: -

- Promote the importance of retention across the organisation through a Retention Summit
- Automation of exit questionnaires, triangulation and routine analysis to identify themes and opportunities.

Retention is intrinsic to the totality of the employee experience so work will continue to support and promote health and wellbeing with increasing support to leaders and flexible approaches to staff engagement.

## Reduce the number of staff leaving the organisation within 12 months



The number of staff leaving the organisation within 12 months of joining, has been above the mean since May 2021 and above the upper control limits since October 2021. This remains a worrying concern, with the main reasons given for leaving categorised within ESR as; voluntary resignation (reason not known), work life balance and promotion. 28% of these leavers were registered nurses followed by 25% additional clinical support staff and 22% administrative and clerical staff.

Specific work that has been put into place to address this includes: -

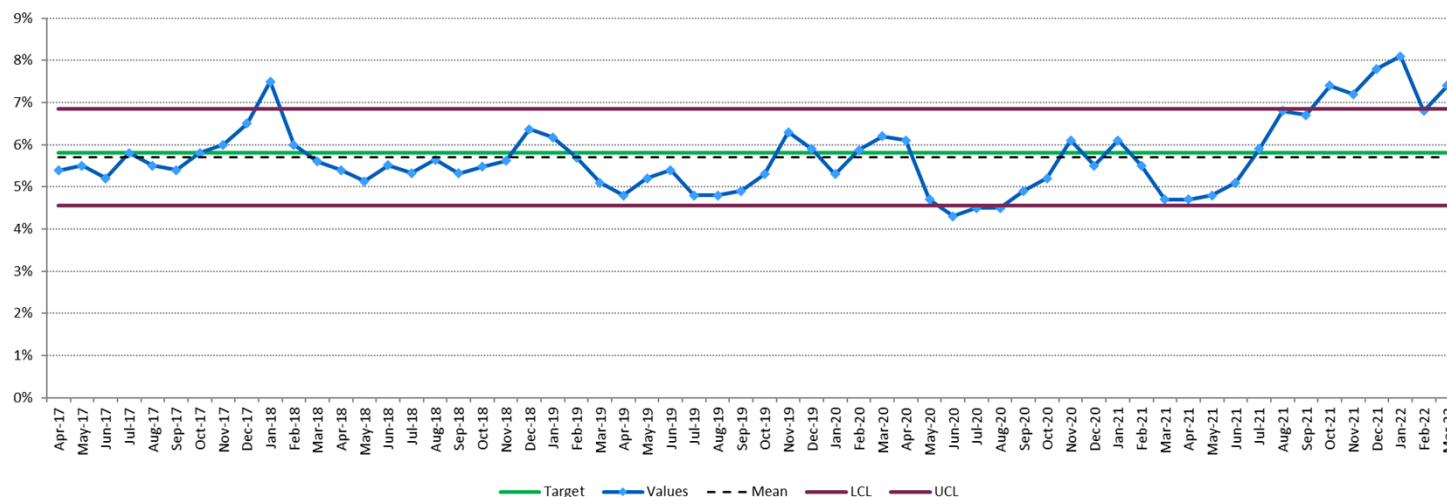
- Review of onboarding processes has been undertaken and development of a tailored onboarding process and induction is now in progress. This ensures that ongoing and regular communication is maintained throughout the recruitment process and particularly during the first few months of employment.
- Establishment of a New Starters Forum in 2021, which is hosted by the Chief Executive with the Director of Workforce and Chair of the REN network. This aims to connect new starters to each other as well as understand their experiences and solve any challenges they may have experienced.
- Leaver's data is being reviewed for the Neighbourhood Teams and work is ongoing with Senior Leadership to identify hotspots and address issues which have been raised.

Further work to progress as follows: -

- Review of the onboarding processes including information and resources available for managers and staff

- Evaluation of the New Starters Forum and of the impact of the introduction of contacting new starters during recruitment and in the first few months of employment.

## Total sickness absence rate (Monthly) (%)



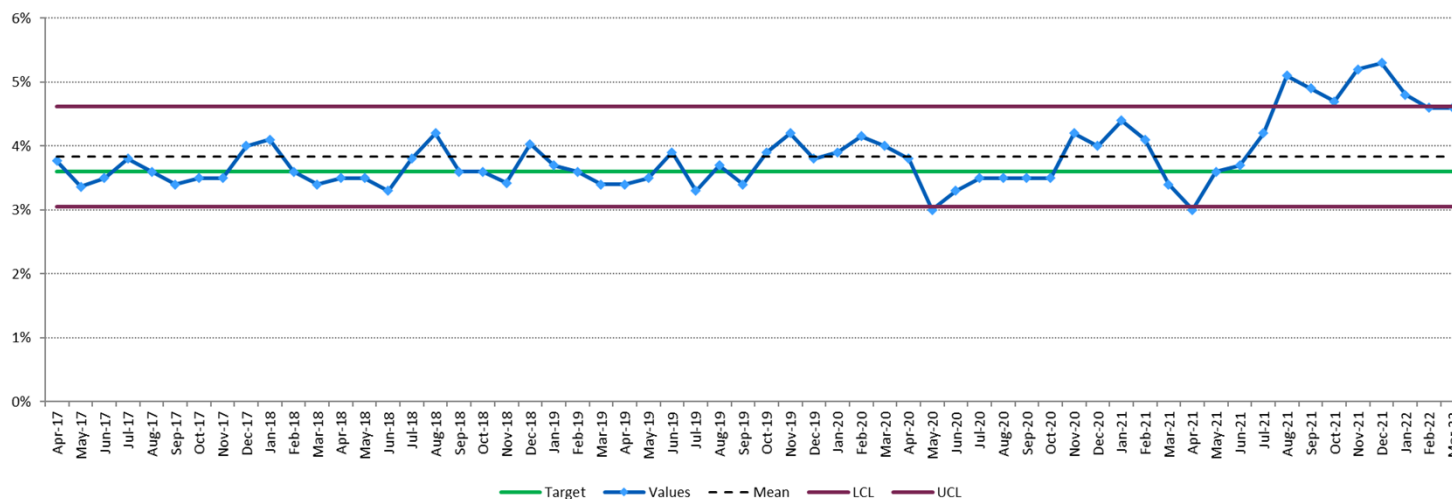
The pandemic and its associated challenges have correlated with heightened absence amongst our workforce, with high levels of absence correlating with surges in the pandemic. The overall sickness absence peaked in January at over 8% and in recent months we are starting to see a very gradual improvement.

During the previous 12 months, looking after our workforce health and wellbeing has continued to be a key Trust priority. This has included: -

- A booklet was sent to every staff member's home address containing details of the full range of HWB support that staff can access/download, together with a covering letter from the CEO, acknowledging the challenging times and encouraging staff to take time to look after themselves
- A Non-executive appointment was made to the Trust Wellbeing Guardian role, who attends the "re-freshed" Staff HWB Engagement Group
- A range of staff support groups were set up at the peak of the pandemic and continue to meet, such as Men's health, staff who are clinically vulnerable and menopause support groups
- The Trust was selected as an NHS E/I Trailblazer, to test out a HWB Diagnostic Tool. The output from this will be used to help inform the Trust's current HWB Action plan
- Health and Wellbeing Champion training has been launched, to help spread the word around keeping healthy and looking after yourself Over 25 people have registered on the course to date and registration continues

- Support and training for Mental Health First Aiders – An additional 41 people are currently being trained as MHFA, which will add to the current cohort of 15
- 3 HWB Co-ordinator roles have been appointed to work within the Adult Business Unit – to raise the profile of HWB and look at ways to support staff, particularly within the Neighbourhood Teams
- Financial Health and Wellbeing support including Instant pay and signposting to a range of financial support, including Money Buddies who coach individuals through debt advice or any financial difficulties, has been promoted
- A closed Facebook continues to grow at pace – with currently over 500 people who have joined the group

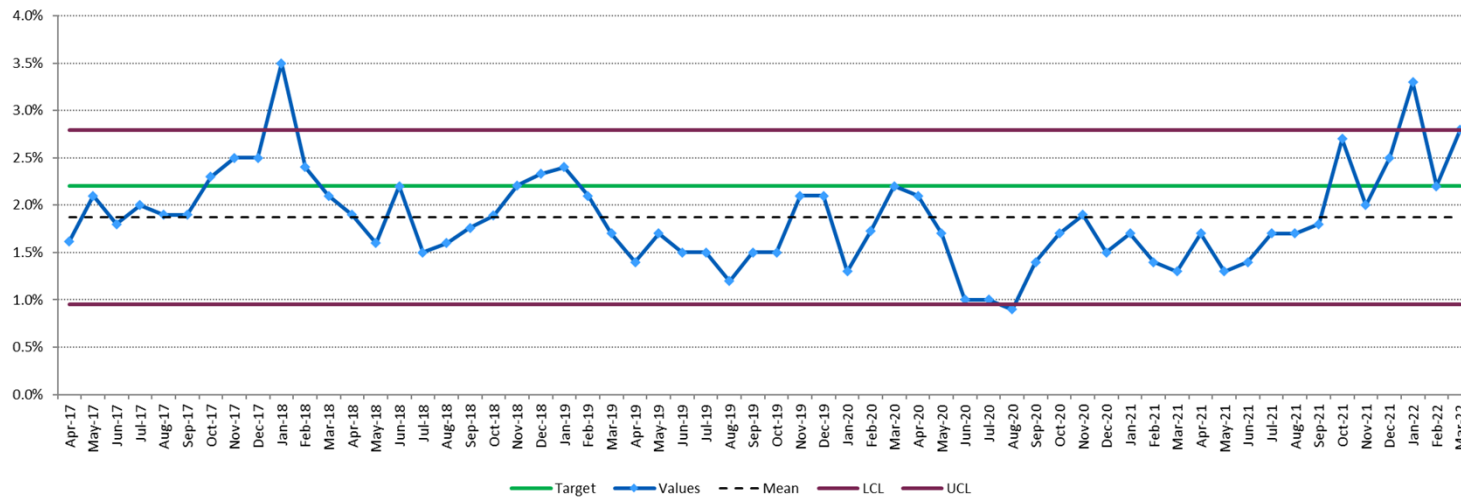
## Long term sickness absence rate (%)



For most of the reporting period, Long-term sickness absence, mainly due to stress, anxiety, and depression, has been above the mean. During the last quarter, this is hovering around the upper control limit. There is a range of mental wellbeing support that staff can access, which includes triaging and supporting staff that are feeling most stressful before it tips into time off. The psychologist role in supporting staff with trauma has helped, albeit on an ad hoc basis, and this need has grown during the last year. ODI's support in engaging with teams, together with the role of the FTSUG in supporting those in most need, has added to the support available.

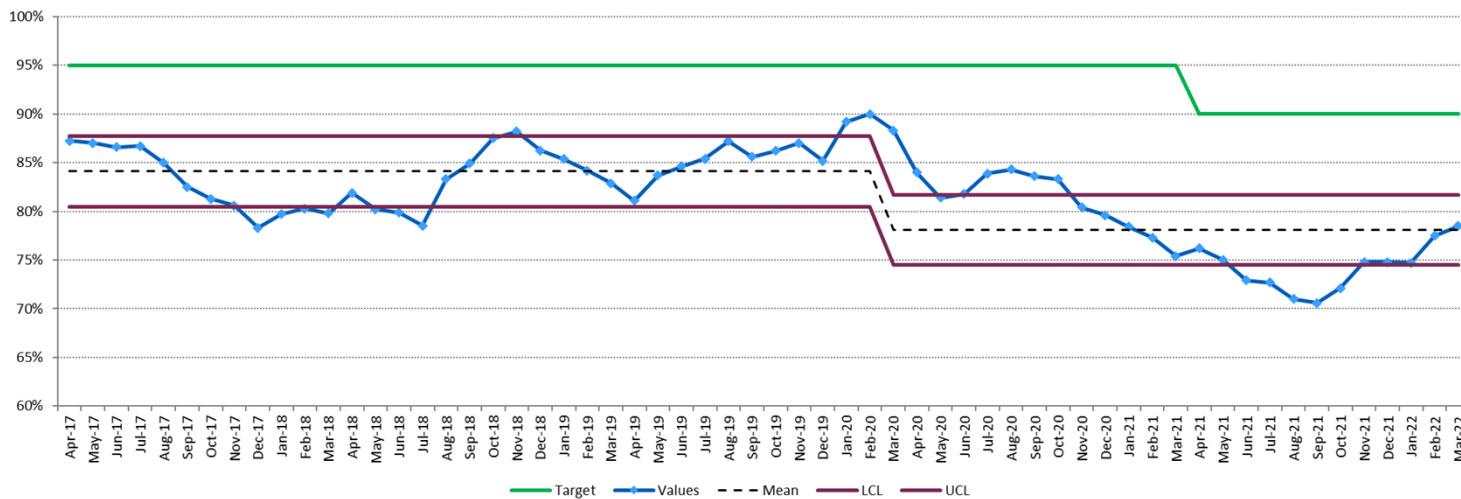


## Short term sickness absence rate (%)



Short term absence during the last 12 months, has been mostly due to covid-related absence, which can be shown by the patterns of variability over the reporting period. The short-term absences are expected to ebb and flow as society learns how to live with the virus.

## AfC Staff Appraisal Rate



It has been a challenging 12 months for appraisal compliance. This is against a backdrop of the pandemic, winter pressures, mutual aid and an agreement reached for some Services within OPEL Level 3 to stand appraisals down. That said there are positive signs we are over the worst of it, and there have been successes to celebrate. These include: -

- The launch of the online Appraisal Toolkit
- Achieving the management actions following internal audit
- Closer working between OD, HRBPs and Business Units around Appraisal compliance and support needed
- Specific support provided to ABU to enable them to recover their appraisal backlog. This involved managers from around the Trust carrying out more than 200 Appraisals/Health and Wellbeing conversations. This has now started to have a positive impact on compliance rates, and we have been able to collect some positive feedback which will be fed into the Appraisal and Talent Project for 2022
- Appraisal and Talent Project 2022. In line with the Workforce Strategy the Organisational Development Team have been tasked with carrying out a review of appraisals incorporating the identification of talent, career development and a greater focus on health and wellbeing. This work has commenced from April 22 and the next step is the development of a project plan for approval by the Head of OD&I and Directors of Workforce
- A new Pay step progression process was introduced from 1 April 2022, which links pay progression to achievement of a set of criteria. This includes evidencing that an appraisal has taken place in the previous 12 months and that all statutory and mandatory training is up to date. It is hoped that in due course this will be reflected in the overall compliance figures

## Statutory and Mandatory Training Compliance

Due to a recent change in how statutory and mandatory training compliance is calculated it is not possible to derive an SPC for this measure as not enough data points are available to show a representative selection.

Statutory and mandatory training compliance has stabilised over the last quarter and is consistently in a healthy position (currently just under KPI of 90%). The OD and WFI teams have undertaken a lot of activity during the last 12 months which includes: -

- Joined up working between OD, WFI and Subject Matter Experts
- Realignment of role requirements across all MaST subjects
- Standardisation of Certificates and Competencies in ESR
- Skills for Health accreditation against the Core Skills Training Framework (CSTF), meaning our training as a Trust is meeting the national learning outcomes as defined by CSTF and Skills for Health
- Updated KPI reporting to ensure we are now reporting across all 13 MaST subjects as defined by the Trust, previously we were only reporting against 6 subjects
- A focus on low performing subjects through targeted communication and reporting analysis in partnership with Subject Matter Experts
- Partnered working with HR Business Partner for PCN to improve the overall MaST compliance rate for the PCN Business Unit

- Establishing a new process with Workforce Information to ensure any new positions created in ESR are allocated the correct MaST training requirements. This had previously been inconsistent resulting in misaligned or missing requirements

Bespoke training introduced to meet specific team needs. For example, Breakaway training for CAMHS clinical colleagues (this was not previously captured) and the introduction of bespoke Moving and Handling training for Leeds Equipment Service colleagues to meet their specific needs.

## Percentage of Staff that would recommend LCH as a place of work (Staff FFT)

The Staff Friends and Family Test was replaced in Q2 of 2021/22 by the Pulse Survey, which measures our engagement score via nine questions asked on a quarterly basis. The results for the last year as shown below: -

- Q2 - Quarterly Pulse Q2 2021/22 - 61%
- Q3 – During this quarter, the National annual Staff Survey is promoted instead of Pulse Survey – 59.4%
- Q4 - Quarterly Pulse Q4 2021/22 - 61%

The overall engagement score, as measured by the National annual staff survey last year was 6.9, compared to 7.1 for 2020.

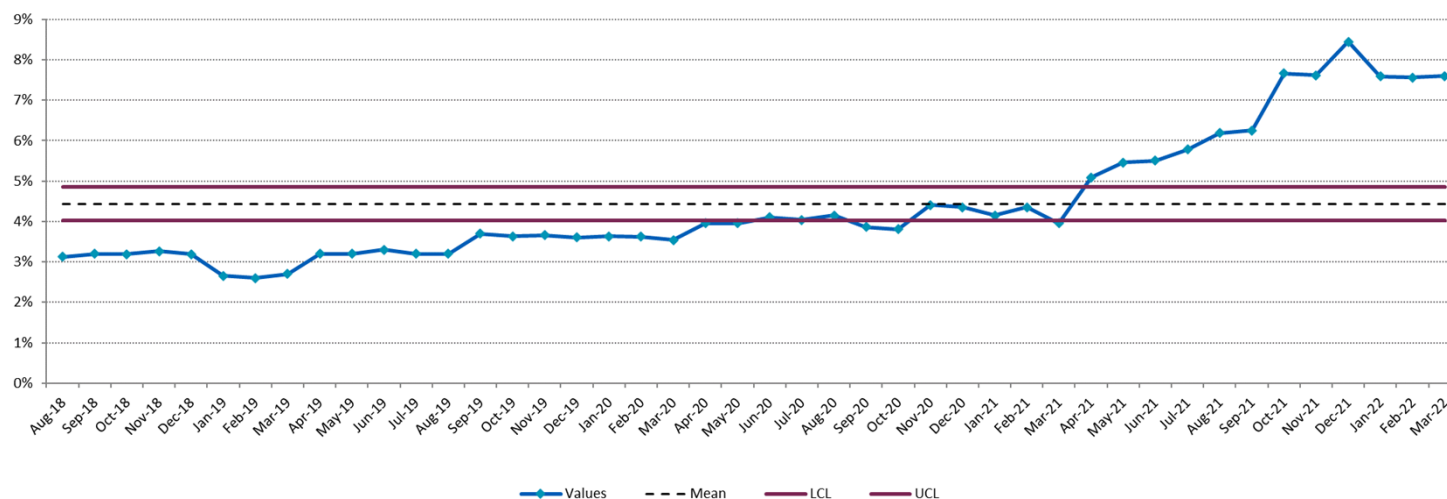
## Percentage of staff who are satisfied with the support they received from their immediate line manager

There has been some changes to the National Annual staff survey questions, and some rich data has been gathered around this area: -

- My immediate manager works together with me to come to an understanding of problems - **71.7%**
- My immediate manager is interested in listening to me when I describe challenges, I face **74.5%**
- My immediate manager cares about my concerns - **73.8%**
- My immediate line manager takes effective action to help me with any problems I face **67.6%**
- My immediate manager values my work - **74.6%**
- I feel supported to develop my potential **55.7%**
- My immediate manager encourages me at work **73.5%** (2020, **72.9%**)

This work will form part of the action planning from the staff survey results.

## WRES indicator 1 - Percentage of BME staff in Bands 1-9 and VSM (excluding Executive Board members)



There was an increase in the overall BME representation during the first half of the financial year. Since then, the figure has reduced and stabilised and remains within the control limits

This increase in BME representation overall coincides with the current WRES action plan 2021/22 which includes the continuation of BME Reverse Mentoring, BME Allyship Programme, a requirement to have a BME member on recruitment panels for Band 7 and above, and the Compassionate & Inclusive leadership sessions.

In order to meet the 14% overall BME representation target by 31.3.2023, additional actions need to be identified and implemented to maintain momentum. Engagement will take place with the REN and EDI Forum members on the latest WRES results to help inform the WRES Action Plan 2022/23.

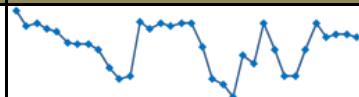
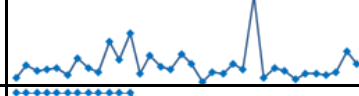

# Finance – Year End 2021/22

By finance, we mean the Trust's financial position is well managed. This is not a CQC Domain.



**Leeds Community  
Healthcare**

NHS Trust

Finance	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4		Series Data From
Net surplus (-)/Deficit (+) (£m) - YTD	BM	0.0	2021/22	-2.0	0.0	-0.4	-0.5		Apr-19
Capital expenditure in comparison to plan (£k)	BM	3700	2021/22	228	75	399	2485		Apr-19
CIP delivery (£k)	BM	1065	2021/22	132	133	400	400		Apr-19

In 2021/22 the Trust was on an amended finance regime, first introduced by NHS England in 2020/21, to support the NHS in dealing with the Covid-19 pandemic. During 2021/22 the Trust had block income arrangements in place with NHS Leeds CCG, NHS England direct commissioning and the Integrated Care System (ICS) which provided the majority of the Trust's income. The Leeds health organisations have worked together and with partners in social care and other sectors to maximise use of Leeds' NHS resources during the financial year.

The Trust closes the year meeting its revenue and capital obligations with the ICS. Expenditure during the year was assessed against the available resources; the Trust started to address waiting lists and supported Leeds Health and Social Care partners to meet their service obligations.

## Income & Expenditure (I&E) Summary

As the year progressed and the financial regime for the second half of the year was confirmed the Trust agreed an overall breakeven plan for 2021/22 with the ICS.

As the second half of the year progressed the Trust agreed a revised target for the year of £0.8m surplus. In the light of the overall favourable ICS financial position the Trust was able to agree a reduced surplus of £0.5m which enabled additional year end non recurrent expenditure.

The final outturn is a surplus of £0.49m.

The Trust's outturn position reported here, includes notional income and expenditure of £5.7m in respect of the 6.3% employers' pension costs and £0.3m for personal protective equipment push stock.

#### Income

Total patient care related income was £183.7m; of this £139m was from CCGs with NHS Leeds being £121.6m and NHS Wakefield (ICS) top up and covid income £17.4m; Local Authority income was £29m and £14m was from NHS England of which £5.7m was notional pension income. The actual income was in line with plan. The variance is in respect of the notional pensions funding.

Non-clinical income was £11.8m and includes £0.3m for PPE push stock notional income and the re-imbursement of the Trust's covid vaccination programme costs of £1.1m. The Trust planned for £1.3m of vaccination costs matched by income. There is a small underachievement of this income which has been offset by the PPE stock notional income that wasn't included in the plan.

#### Pay and Non-pay Expenditure & Vacancies

**Pay costs** for the year total £136.6m which includes £5.7m of notional pension costs. The Trust underspent it's pay budget by £1.4m after adjusting for this expenditure. The underspending has been driven by the levels of vacancies, slippage on plans to address backlogs and the reversal of a provision made last year for expected redundancy costs which have been avoided.

Approximately £470k costs are in respect of the incentive schemes the Trust has in place to increase capacity.

There were net 232 vacancies in March, 12 less than in February. 46 of the vacancies are in respect of additional resource identified for waiting list work meaning 186 vacancies are in respect of 'business as usual'.

The Trust continues to face severe challenges in recruiting additional staff. In terms of assessing organisational capacity the increasing vacancy levels are somewhat mitigated by agency staff costs increasing.

This vacancy and financial picture on pay is consistent with the information about service pressures that Committees and Board have discussed.

**Non-pay costs** end the year £1.2m overspent. Excluding reserves and non-recurrent specific items non-pay was £575k overspent at the end of the year (Table 3). The March expenditure reflects a general upturn as services spend up towards the end of the financial year. This position is being driven by: -

- clinical supplies and services where the costs of enteral feeds as the out-going provider have reverted to charging list price and equipment for the Leeds Equipment Service which had been forecast
- on establishment expenses where there is underspending on planned costs for travel, training and meeting rooms hire
- premises rent and other estates maintenance where savings have accrued, and costs are not evenly spread throughout the financial year; and

- the overspending in the historic CIPs reported in other expenditure, where negative expenditure budgets have been created to reflect required savings, but no actual savings schemes have been identified.

## Delivery of Cost Improvement Plans

The Trust planned CIPs of £265k for H1 and £800k for H2 in line with the national planning expectations. These are non-recurrent. The £265k was delivered through estate savings; the £800k was delivered through an additional in year vacancy factor.

## Capital Expenditure

Capital expenditure was financed from depreciation and the Trust's cash reserves built up from historic surpluses.

The Trust's original plan was to spend £3.7m on capital for 2021/22; the actual expenditure was £3.125m. The forecast outturn agreed with the ICS was £3.3m in view of the pressure on the aggregate ICS capital budget. The planned, actual outturn and year end variances are detailed at table 5. The Trust underspent against the forecast on estates and IT.

## Cash

The Trust's cash position remains very strong with £39.5m in the bank at the end of the year.

## Better Payment Practice Code

The Trust's cumulative Better Payment Practice Code performance has exceeded the 95% target for paying invoices within 30 days for all 4 the measures. There were significant issues with the service provided by NHS Shared Business Services and the Leeds and York Partnership FT supplies service during quarter 4 of 2021/22, which have led to delays in the processing of invoices, orders and receipting. The finance team have worked hard to ensure transactions continued to flow and this target was achieved. continue to take measures to ensure compliance is maintained.

## Appendix 1 - Detailed Financial Data Tables

Table 1 Income & Expenditure Summary	March Plan WTE	March Actual Contract WTE	Annual Plan £m	Actual Outturn £m	Overall Variance £m
<b>Income</b>					
Contract Income			(178.0)	(183.7)	(5.7)
Other Income			(11.8)	(11.8)	(0.0)
<b>Total Income</b>			<b>(189.7)</b>	<b>(195.5)</b>	<b>(5.8)</b>
<b>Expenditure</b>					
Pay	3,119.9	2,887.8	132.3	136.6	4.3
Non pay including reserves & non recurrent			55.0	56.1	1.2
<b>Total Expenditure</b>	<b>3,119.9</b>	<b>2,887.8</b>	<b>187.2</b>	<b>192.7</b>	<b>5.5</b>
<b>EBITDA</b>	<b>3,119.9</b>	<b>2,887.8</b>	<b>(2.5)</b>	<b>(2.8)</b>	<b>(0.3)</b>
Depreciation			2.1	1.9	(0.2)
Public Dividend Capital			0.4	0.4	(0.0)
Profit/Loss on Asset Disp			0.0	0.0	0.0
Impairment			0.0	0.0	0.0
Interest Payable			0.0	0.0	0.0
Interest Received			0.0	(0.0)	(0.0)
<b>Retained Net Surplus</b>	<b>3,119.9</b>	<b>2,887.8</b>	<b>0.0</b>	<b>(0.5)</b>	<b>(0.5)</b>
	<b>Variance =</b>	<b>(232.2)</b>			

Table 2 Month on Month Pay Costs by Category	April £k	May £k	June £k	July £k	August £k	September £k	October £k	November £k	December £k	January £k	February £k	March £k	Actuals £k
Directly employed staff	9,819	9,967	9,610	9,709	9,677	11,315	9,955	10,040	10,189	10,316	10,393	10,527	121,516
Redundancy provision adjustment										-1,299			-1,299
Notional pensions costs													5,656
Apprenticeship levy													498
Seconded staff costs	263	283	283	258	260	250	292	249	260	314	277	305	3,294
Bank staff	330	227	276	237	250	264	242	277	256	249	347	325	3,279
Agency staff	155	227	308	230	233	243	309	313	316	396	412	456	3,599
<b>Total Pay Costs</b>	<b>10,567</b>	<b>10,703</b>	<b>10,476</b>	<b>10,434</b>	<b>10,420</b>	<b>12,072</b>	<b>10,799</b>	<b>10,878</b>	<b>11,021</b>	<b>9,976</b>	<b>11,430</b>	<b>11,613</b>	<b>136,543</b>



Table 3				
	Annual Plan £k	Outturn Actual £k	Year End Variance £k	Last Month YTD Variance £k
<b>Year to Date Non Pay Costs by Category</b>				
Drugs	815	928	113	105
Clinical Supplies & Services	25,511	26,055	544	(655)
General Supplies & Services	5,823	6,366	543	208
Establishment Expenses	7,695	6,708	(987)	(863)
Premises	14,882	13,752	(1,130)	(1,284)
Other non pay	930	2,422	1,493	1,520
<b>Total Non Pay Costs</b>	<b>55,656</b>	<b>56,231</b>	<b>575</b>	<b>(968)</b>

Table 4				
	2021/22 Plan £k	2021/22 Actual Outturn £k	2021/22 Overall Variance £k	2021/22 Year End Variance %
<b>Savings Schemes</b>				
Estates savings	265	265	0	0%
Non Recurrent pay savings	800	800	0	0%
<b>Total Efficiency Savings Delivery</b>	<b>1,065</b>	<b>1,065</b>	<b>0</b>	<b>0%</b>

Table 5			
Capital Scheme	Annual Plan £m	Actual Outturn £m	Year End Variance £m
Estate maintenance	0.7	2.0	1.3
Seacroft Estates	1.6	0.2	(1.4)
Clinical Equipment	0.3	0.2	(0.1)
IT Equipment	0.7	0.3	(0.4)
Electronic Patient Records	0.4	0.3	(0.0)
e Rostering & e Jobs	0.1	0.1	0.0
<b>Totals</b>	<b>3.7</b>	<b>3.1</b>	<b>(0.6)</b>

Table 6				
	<i>Opening 01/04/21 £m</i>	<i>Planned Outturn 31/03/22 £m</i>	<i>Actual Outturn 31/03/22 £m</i>	<i>Year End Variance 31/03/22 £m</i>
<b>Statement of Financial Position</b>				
Property, Plant and Equipment	31.0	32.6	32.2	(0.4)
Intangible Assets	0.2	0.2	0.2	(0.0)
<b>Total Non Current Assets</b>	<b>31.2</b>	<b>32.8</b>	<b>32.4</b>	<b>(0.4)</b>
<b>Current Assets</b>				
Trade and Other Receivables	5.6	8.1	6.8	(1.3)
Cash and Cash Equivalents	39.6	35.0	39.5	4.5
<b>Total Current Assets</b>	<b>45.2</b>	<b>43.1</b>	<b>46.3</b>	<b>3.2</b>
<b>TOTAL ASSETS</b>	<b>76.4</b>	<b>75.9</b>	<b>78.7</b>	<b>2.8</b>
<b>Current Liabilities</b>				
Trade and Other Payables	(15.0)	(15.6)	(18.3)	(2.6)
Provisions	(1.8)	(0.7)	(0.4)	0.4
<b>Total Current Liabilities</b>	<b>(16.8)</b>	<b>(16.3)</b>	<b>(18.6)</b>	<b>(2.3)</b>
<b>Net Current Assets/(Liabilities)</b>	<b>28.4</b>	<b>26.7</b>	<b>27.7</b>	<b>0.9</b>
<b>TOTAL ASSETS LESS CURRENT LIABILITIES</b>	<b>59.6</b>	<b>59.6</b>	<b>60.1</b>	<b>0.5</b>
Non Current Provisions	0.0	0.0	0.0	0.0
<b>Total Non Current Liabilities</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>
<b>TOTAL ASSETS LESS LIABILITIES</b>	<b>59.6</b>	<b>59.6</b>	<b>60.1</b>	<b>0.5</b>
<b>TAXPAYERS EQUITY</b>				
Public Dividend Capital	0.8	0.8	0.8	0.0
Retained Earnings Reserve	26.1	26.1	26.6	0.5
General Fund	18.5	18.5	18.5	0.0
Revaluation Reserve	14.2	14.2	14.2	0.0
<b>TOTAL EQUITY</b>	<b>59.6</b>	<b>59.6</b>	<b>60.1</b>	<b>0.5</b>

Table 7 BPPC Measure	Year End Performance	Target	RAG
NHS Invoices			
<i>By Number</i>	99%	95%	G
<i>By Value</i>	100%	95%	G
Non NHS Invoices			
<i>By Number</i>	96%	95%	G
<i>By Value</i>	98%	95%	G

Measures with Financial incentives/Sanctions	Responsible Director	Threshold	Financial Year	Q1	Q2	Q3	Q4
LMWS - Number of people from Black, Asian and Minority Ethnic (BAME) groups entering IAPT treatment (access )	SP	TBC	2021/22	20.4%	19.6%	21.5%	14.7%
LMWS - Number and % of people from BAME groups who have accessed IAPT treatment moving to recovery	SP	TBC	2021/22	36.2%	34.8%	34.8%	36.7%
LMWS - % of older people (65+) entering IAPT treatment (access )	SP	TBC	2021/22	2.9%	3.6%	3.4%	2.1%
LMWS - Number and % of older people (65+) who have accessed IAPT treatment moving to recovery	SP	TBC	2021/22	47.7%	38.9%	36.5%	39.3%
T3WM - Percentage of patients currently waiting under 18 weeks	SP	>=92%	2021/22	88%	98.6%	92.9%	99.1%
0-19 - % of infants who had a face to face newborn visit within 14 days of birth.	SP	>=87%	2020/21	92%	93%	93%	84%
0-19 - % of 6-8 week reviews completed within 12 weeks of birth.	SP	>=83%	2020/21	43%	12%	55%	93%
0-19 - % of 12 month reviews completed within 12 months.	SP	>=80%	2020/21	79%	66%	85%	82%
0-19 - Percentage of actual staff in post against funded establishment	SP	>=95%	2021/22	90.0%	90.0%	86.0%	86.0%
0-19 - Roll Out of Chat Health to secondary schools	SP	>=95%	2021/22	100.0%	100.0%	100.0%	100.0%
PolCust - % of calls attended within 60 minutes	SP	>=95%	2021/22	92.6%	88.0%	87.7%	88.6%
PolCust - Provision of a full rota	SP	>=90%	2021/22	99.8%	97.3%	96.0%	95.9%

**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (9)**

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**Title: Significant Risks and Board Assurance Framework (BAF) report**

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**Category of paper: For assurance**  
**History: Senior Management Team 18 May 2022**

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**Responsible director: Chief Executive**  
**Report author: Risk and Safety Manager / Company Secretary**

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## Executive summary (Purpose and main points)

This report is part of the governance processes supporting risk management in that it provides information about the effectiveness of the risk management processes and the controls that are in place to manage the Trust's most significant risks.

The narrative on threats and opportunities provides the Board with an understanding of the internal and external environment within which the Trust operates.

The report provides the Board with information about risks currently scoring 15 or above, after the application of controls and mitigation measures. It also provides a description of any movement of risks scoring 12 (high risks) since the last report was received in March 2022.

**Board assurance framework:** Levels of assurance have been provided for sixteen out of the 21 strategic (BAF) risks within March and April 2022, with reasonable assurance given to the majority. Two risks received limited assurance during this time: risk 1.4 (engaging patients and the public) and risk 3.4 (embedding a suitable health and safety management system).

### Risk register recent changes:

There is one extreme risk scoring 16 (extreme) currently on the risk register, this has been recently escalated:

- Risk 877 Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand

There are 12 risks scoring 12 (very high) that are listed in this report.

One risk scoring 12 or more has been added to the risk register

- **Risk 1096** High vacancy rate within the Community Care Beds Service.

Three risks have been de-escalated from a score of 12:

- **Risk 1017** Delay to improving the Electronic Patient Record system (EPR)
- **Risk 1067** Introduction of female children into the Secure estate
- **Risk 1070** Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision and annual appraisals

## Recommendations

The Board is recommended to:

- Note the new and escalated risks, which have been scrutinised by Quality and Business Committee

## 1. Introduction

The risk register report provides the Board with an overview of the Trust's material risks currently scoring 15 or above after the application of controls and mitigation measures.

The Board's role in scrutinising risk is to maintain a focus on those risks scoring 15 or above (extreme risks) and to be aware of risks currently scoring 12 (high risks), which have been scrutinised by the Quality and Business Committees.

The report provides a description of risk movement since the last register report was received by the Board (March 2022), including any new risks, risks with increased or decreased scores and newly closed risks.

## 2. Background

This paper has previously been considered by the Senior Management Team (SMT) at its meeting on 18 May 2022.

## 3. Risk register movement

### 3.1 New or escalated risks (scoring 15+)

No new risks scoring 15+ have been added to the risk register.

One risk has been recently escalated to a score of 15+.

**Risk 877** Risk of reduced quality of patient care in neighbourhood teams due to an imbalance of capacity and demand

Previous score 12 (high)

Current score 15 (extreme)

**Description:** As a result of an imbalance in capacity and demand there is a risk of reduced quality of patient care in Neighbourhood Teams.

It is anticipated that this may have an impact on the responsiveness to referrals, potential increase in patient safety incidents and complaints and a reduction in positive patient experience and staff morale and health and wellbeing. This risk is increased in circumstances where this situation continues where capacity and demand are mis-matched and adequate mitigations are not achievable.

**Reason for escalation:**

The risk score has been increased due to a sustained increase in long and short-term sickness, and vacancies within senior clinical roles.

The increasing impact upon staff health and wellbeing and staff morale and frequency of staff speaking out is being observed and the concern is that this will have a direct impact upon patient safety.

Short term mitigation by the Community Matron and Associate Community Matrons in delivering essential clinical visits, triage and visit allocation is required more frequently. Other senior clinical leaders and Senior Operational Leaders are also working consistently outside of their role in order to mitigate the residual capacity gap. Because this has occurred for a sustained period, there is an increasing clinical risk which is becoming more difficult to mitigate.

**New mitigating actions include:**

- Community Matron visits must be classed as essential visits and not moved or cancelled without oversight from the CM responsible for them.
- Community Matron provided with opportunities to share concerns.
- Escalation processes
- Additional checks made during Quality Walks and visits to services.
- Continue to explore options for further integration and management of caseloads across primary and community care to ensure all resources are used effectively.
- Exploration of data to understand the impact and risk of caseload size in more detail.
- Develop a formal sit-rep report out process for the daily Capacity and Demand meetings.
- Stabilisation and recovery plan has been agreed and is being implemented – any discretionary developments that can be paused have been.

**Expected date to reach target:** 31/10/2022

**Risk Owner:** Clinical Lead (ABU)

**Lead Director:** Executive Director of Nursing and AHPs

### **3.2 Closures, consolidation and de-escalation of risks scoring 15+**

No risks have been deescalated below 15.

### **3.3 Risks scoring 12 (high)**

To ensure continuous oversight of risks across the spectrum of severity, consideration of risk factors by the Board is not contained to extreme risks. Senior managers are sighted on services where the quality of care or service sustainability is at risk; many of these aspects of the Trust's business being reflected in risks recorded as 'high' and particularly those scored at 12.

**Table 1. Details of risks currently scoring 12 (high risk).**

ID	Description	Rating (current)
874	Sickness levels – Neighbourhood Teams	12
913	Increasing numbers of referrals for complex communication assessments in Integrated Children's Additional Needs Service (ICAN)	12
954	Diabetes service waiting times	12
957	Increased demand for the Adult Speech and Language Therapy service	12
979	Resourcing for the 0-19 service	12
981	Application of constant supervision at WYOI	12
982	Provision of Educарers in Specialist Inclusion Learning Centres	12
1041	PCMIS (patient information system) used by LMWS does not have the functionalist to run a system capture of all safeguarding cases	12
1047	Increased volume of callers into the Leeds Sexual Health appointment line due to no walk-in service	12
1057	Inability to deliver service at WYOI due to reduced staffing levels	12
1085	Resuscitation training skill and compliance	12
1096	High vacancy rate within the Community Care Beds	12

### 3.4 New or escalated risks (scoring 12)

One new risk scoring 12 has been added to the risk register:

**Risk 1096** High vacancy rate within the Community Care Beds Service.

**Initial score:** 16

**Current score:** 12

**Target score:** 3

**Description:** Due to the high vacancy of nurses in the Community Care Beds service, there is a risk that shifts will not be covered. This could result in delayed patient assessments, treatments, transfer of care, discharge and a potential breach of the adult social care contract. This could also impact on quality of care, staff welfare, and a potential increase staff turnover and sickness rates.

**Controls in place:**

- Cross cover, flexible shifts and overtime
- Use of agency staff



- Process in place to report potential breach in contract
- Emergency response plan in place
- Support mechanisms for staff welfare .

**Actions:**

- Discussions to take place with VillaCare to establish if they can support from a nursing perspective
- Review of advert, ensuring post is attractive
- Rolling advertisement

**Expected date to reach target:** 21/04/2023

**Risk Owner:** Head of Neighbourhood Services

**Lead Director:** Executive Director of Operations

### 3.5 Risks de-escalated from a score of 12

**Risk 1017** de-escalated from a score of 12 (high) to 9 (high).

**Description:** Delay to improving the Electronic Patient Record system (EPR)

**Reason for de-escalation:**

The revised score reflects the progress in implementing some changes and improved resourcing to enable this work to progress. However the risk remains relatively high as overall improvements have not yet been achieved and issues remain. The current layout of the EPR does not provide an efficient or effective way for clinical staff to record evidence-based practice and subsequently does not provide good quality data and governance. Information required for serious incident investigations is difficult to obtain resulting in less robust investigations, or a lengthier process for staff.

**Expected date to reach target:** 31/12/2022

**Risk Owner:** General Manager ABU

**Lead Director:** Executive Director of Operations

**Risk 1067** de-escalated from a score of 12 (high) to 6 (moderate).

**Description:** Introduction of female children into the Secure estate

**Reason for de-escalation:**

Meetings with NHS England continue. Workshops to support the development of the female strategy have taken place.

**Expected date to reach target:** 05/08/2022

**Risk Owner:** Service Manager

**Lead Director:** Executive Director of Nursing and AHPs

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**Risk 1070** de-escalated from a score of 12 (high) to 9 (high).

**Description:** Capacity pressures in Neighbourhood Teams impacting ability to deliver full range of clinical supervision and annual appraisals

**Reason for de-escalation:**

Appraisal rates have continued to slowly improve in NTs as a result of ongoing focus and dedicated resource, despite ongoing capacity pressures during the last period. Although a range of clinical supervision activities have continued in NTs, reported clinical supervision rates have remained low. Stabilisation plans are being developed to support NTs in Q1 as ongoing capacity issues have impacted on ability to make progress.

**Expected date to reach target:** 31/08/2022

**Risk Owner:** General Manager ABU

#### 4. **Board Assurance Framework Summary**

The purpose of the BAF is to enable the Board to assure itself that risks to the success of its strategic goals and corporate objectives are being managed effectively or highlights that certain controls are ineffective or there are gaps that need to be addressed.

**Definitions:**

- Strategic risks are those that might prevent the Trust from meeting its strategic objectives (goals)
- A control is an activity that eliminates, prevents, or reduces the risk
- Sources of assurance are reliable sources of information informing the Committee or Board that the risk is being mitigated ie success is been realised (or not)

Directors maintain oversight of the strategic risks assigned to them and review these risks regularly. They also continually evaluate the controls in place that are managing the risk and any gaps that require further action.

The Audit, Quality and Business Committees review the sources of assurance presented to them and provide the Board (through the BAF process) with positive or negative assurance.

Details of the committees' agreed assurance levels and commentary about specific risks is provided at **Appendix A** (please also refer to the Chairs' assurance reports in the Board papers pack).

#### 5. **Recommendations**

The Board is recommended to:

- Note the new and escalated risks, which have been scrutinised by Quality and Business Committee

## Appendix A. Board Assurance Framework levels of assurance

Details of strategic risks (description, ownership, scores)								Level of Assurance				
Strategic Goal	Risk	Risk ownership		Current risk score				Committee agreed level of assurance				Additional Information
		Responsible Director	Responsible Committee	Likelihood	Consequence	Risk Score	Risk score movement	No	Limited	Reasonable	Substantial	
Deliver outstanding care	<b>RISK 1.1</b> If the Trust does not have effective systems and processes for assessing the quality of service delivery and compliance with regulatory standards then it may have services that are not safe or clinically effective.	SL	QC	2	4	8				✓		
	<b>Risk 1.2</b> If there are insufficient clinical governance arrangements put in place as new care models develop and evolve, the impact will be on patient safety and quality of care provided.	RB	QC	3	3	9				✓		
	<b>RISK 1.3</b> If the Trust does not maintain and continue to improve service quality, the impact will be diminished safety and effectiveness of patient care leading to an increased risk of patient harm.	SL	QC	3	4	12				✓		
	<b>RISK 1.4</b> If the Trust does not engage patients and the public effectively, the impact will be that services may not reflect the needs of the population they serve.	SL	QC	4	3	12			✓			The Quality Committee recognised that there was work in progress to improve assurance in relation to patient engagement / experience
	<b>RISK 1.5</b> If, as a result of the increasing demand on services the Trust is unable to provide quality of care in a timely and equitable manner, then the impact will be potential harm to patients, additional pressure on staff and reputational damage.	SL	QC	4	4	16	New risk for 2022/23			✓		Whilst acknowledged staffing resource is not where need to be and has potential safety implication, Quality Committee received assurance this is being monitored and any risk mitigated.
	<b>RISK 1.6</b> If the Trust does not optimise its services to reduce the impact of health inequalities, and allow appropriate data capture to understand and address this, there will be a negative impact on patient outcomes, the Trust's resources and reputation.	RB	TB	4	3	12						
Use our resources wisely and efficiently	<b>RISK 2.1</b> If there is insufficient resource across the Trust to deliver major change programmes and their associated projects, then it will fail to effectively transform services and the positive impact on quality and financial benefits may not be realised.	SP	BC	3	3	9				✓		
	<b>RISK 2.2</b> If the Trust does not deliver contractual requirements, then commissioners may reduce the value of service contracts, with adverse consequences for financial sustainability.	SP	BC	2	3	6				✓		
	<b>RISK 2.3</b> If the Trust does not improve productivity, efficiency and value for money and achieve key targets, supported by optimum use of performance information, then it may fail to retain a competitive market position.	BM	BC	3	3	9				✓		
	<b>Risk 2.4</b> If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage.	BM	AC	3	4	12						
	<b>RISK 2.5</b> If the Trust does not deliver key financial targets agreed with NHS England through the ICS financial framework then it will cause reputational damage and raise questions of organisational governance	BM	BC	2	3	6				✓		
	<b>RISK 2.6</b> If the Trust does not invest and create the capacity and capability to respond to the increasing dependency on digital solutions then systems may be unreliable, under developed, not used effectively, lack integrity or not procured. The impact will be on the delivery of patient care and on staff resources and wellbeing	BM	BC	4	3	12				✓		The Business Committee welcomed the information provided about plans for City-wide digital systems. Further assurance is needed on levels of involvement and collaboration.
	<b>RISK 2.7</b> If the Trust does not prioritise the longer-term transformations that are needed to make the Trust more environmentally sustainable, then it will fail to play its part in achieving a carbon-neutral NHS. This will impact on population health, finances and reputation.	SP	TB	2	3	6	New risk for 2022/23					
	<b>RISK 2.8</b> If the Trust does not reduce the length of time that patients are waiting for appointments within our services, then the impact will be potential harm to patients, reputational damage and financial consequences'.	SP	BC	4	3	12	New risk for 2022/23			✓		

Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with	<b>RISK 3.1</b> If the Trust does not have suitable and sufficient staff capacity and capability (recruitment, retention, skill mix, development and a manageable level of absence) then the impact may be a reduction in quality of care and staff wellbeing and a net cost to the Trust through increased agency expenditure.	JA/LS	BC	4	4	16				✓		
	<b>RISK 3.2</b> If the Trust does not engage with and involve staff and create and embed a culture of equality and inclusion, then it will fail in its duty to attract and retain a diverse and committed workforce and the impact may be low morale, difficulties recruiting and retaining staff and a less representative workforce.	JA/LS	TB	3	3	9						
	<b>RISK 3.3</b> If the Trust does not invest in developing managerial and leadership capability then this may impact on effective service delivery, staff retention and staff wellbeing.	JA/LS	BC	3	3	9				✓		
	<b>Risk 3.4</b> If the Trust does not further develop and embed a suitable health and safety management system then staff, patients and public safety maybe compromised, leading to work related injuries and/or ill health. The Trust may not be compliant with legislation and could experience regulatory interventions, litigation and adverse media attention.	BM	BC	4	3	12			✓	✓		Limited assurance March 2022.The Business Committee recognised that whilst there was significant work being done by the Risk and Safety Team, a cultural change was needed across the organisation in order to make sustained improvements.
	<b>Risk 3.5</b> If the Trust is unable to maintain business continuity in the event of significant disruption, there is a risk that essential services will not be able to operate, leading to patient harm, reputational damage, and financial loss	SP	BC	3	4	12				✓		
Work in partnership to deliver integrated care, care closer to home and reduce health inequalities	<b>RISK 4.1</b> If the Trust does not play an active part in the collaboration across the health and care system (ICB and PBP), then the system may not achieve better health and wellbeing for everyone, better quality of health services for all individuals, and sustainable use of NHS resources.	TS	TB	2	4	8						
	<b>RISK 4.2</b> If the Trust does not ensure there are robust agreements and clear governance arrangements when working with complex partnership arrangements, then the impact for the Trust will be on quality of patient care, loss of income and damage to reputation and relationship.	BM	BC	3	3	9				✓		

**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (10a)**

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**Title: Quarter 4 Report 21.22 of the Guardian of Safe Working Hours**

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**Category of paper: For assurance**

**History: Nil**

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**Responsible director: Executive Medical Director**

**Report author: Guardian of Safe Working Hours**

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## **Executive summary (Purpose and main points)**

### **Purpose of the report**

To provide assurance that doctors and dentists in training within LCH NHS Trust are safely rostered and that their working hours are consistent with the Junior Doctors Contract 2016 Terms & Conditions of Service (TCS).

To report on any identified issues affecting trainee doctors and dentists in Leeds Community Healthcare NHS Trust, including morale, training and working hours.

### **Main issues for consideration**

- Current plan and work in progress to address CAMHS ST historic rota compliance and payment issues.
- Improved engagement with Junior Doctors in the Junior Doctor Forum (JDF)
- Progress made with current CAMHS ST rota work schedule

### **Recommendations**

#### **Board is recommended to:**

- To note that a sustainable long term solution in regards to rota assurance and JD workplans is yet to be agreed
- Receive this assurance regarding plan in place for addressing issues related to CAMHS historic rota compliance and payment issues
- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues
- To note that there is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified.

## Quarterly Report of the Guardian of Safe Working Hours

### 1.0 Purpose of this report

- 1.1 To provide the Board with assurance that trainee doctors and dentists within LCH NHS Trust are working safely and in a manner compliant with the 2016 Terms & Conditions of Service (TCS).
- 1.2 To identify risks affecting trainee doctors and dentists such as working hours, quality of training and advising board on the required response.

### 2.0 Background

- 2.1 The role of Guardian of Safe Working Hours (GSWH) was introduced as part of the 2016 Junior Doctor's contract. The role of the GSWH is to independently assure the confidence of junior doctors that their concerns will be addressed and require improvements in working hours and rotas.

### 3.0 Quarterly report of guardian of safe working hours

There are currently 23 Junior Doctors employed throughout the Trust (in different specialities, both fulltime and less than full time training) as detailed in the table below. This includes Junior doctors employed directly by LCH and on honorary contracts.

Department	No.	Grade	Status
Adults	0		LCH contract
CAMHS	1	ST	LCH contract
	2	ST	Honorary contract
	5	CT	Honorary contract
Community Paediatrics	2	ST Level 1	Honorary contract
	8	ST Level 2/ Grid trainee	LCH contract
Sexual Health	1	ST	LCH contract
GP	3	GPSTR	LCH contract
Obstetrics	1		Honorary contract
Dental Services	0		Honorary contract

### 3.1 Rota gaps and CAMHS ST rota

The CAMHS ST non resident on call rota consists of a 1:5 rota, and gaps on this rota are covered by locums, typically doctors who have worked on the rota in the past or doctors currently working for LCH who are willing to do extra shifts. Gaps occur due to long term vacancies, staff who are not working full time or when staff take leave. A system has been put in place to check and ensure the Locum shifts picked up by Junior doctors (who are currently on the rota) do not breach the Junior doctors' terms and conditions of hour worked.

The current CAMHS ST on call rota is checked by senior CAMHS admin staff with experience in managing CAMHS consultant rota. A sustainable long term solution in regards to rota assurance and JD workplans is yet to be agreed

Rota Gaps (number of night shifts needing cover)		March 2022		April 2022		May 2022	
		CT	ST	CT	ST	CT	ST
	Gaps	n/a	17	n/a	19	n/a	19
	Internal Cover	n/a	8	n/a	3	n/a	3
	External cover	n/a	9	n/a	16	n/a	16
	Unfilled	n/a	0	n/a	0	n/a	0

### 3.2 CAMHS Historic ST rota issue

In the last year it has become apparent that there has been no monitoring of the hours worked by doctors in training on CAMHS ST on- call rota for a few years. An exercise was carried out to monitor the out of hours worked in Autumn 2021.

Following the monitoring exercise which was carried out to review the working hours and information gathered from few Junior doctors's historic payslips/payments, there are two issues that have been raised. One is around the previous rota being a complaint one and the other one, if the Junior doctors were underpaid. Both these issues are interlinked as a non - complaint rota led on to possible miscalculation of hours worked. This is a big piece of work dating back to year 2016/2017 when the current Junior doctors contract was introduced.

GSWH and BMA IRO have met with LCH Assistant director of workforce and Medical director to look into the issue. Work is in progress to obtain relevant information from Junior doctors and Medical staffing regarding information around working pattern and payments made by the Trust. BMA IRO has reached out to Junior doctors employed by the Trust in the past to obtain information around pay and hours worked. GSWH has accessed previous



Trust board reports to gather further information around exception reports filed, fines, payments made and other relevant information.

A plan is place to regroup (GSWH, BMA IRO, Asst Directorate of Workforce) with relevant members of the Trust once information is obtained for next steps for addressing any underpayments and compliance issue. There is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified.

### **3.3 Exception reports**

No exception reports filed during this quarter.

### **3.4 Fines**

No fines levied by the GSWH.

### **3.5 Feedback from trainees**

Junior Doctors Forum (JDF) was held on 20/04/2022. The date was selected as an outcome from a doodle poll based on the date and time with maximum number of trainee's availability. Attendance and engagement from Junior doctors continues to improve in JDFs.

The GSWH from LYPFT and medical education lead from LYPFT joined the Junior doctors forum. Head of Medical Education updated trainees around the plans for use of the remainder of Fatigues and Facilities funding and about the new software Doctors toolbox going live from 1<sup>st</sup> April. Forum was a useful discussion platform for CAMHS Junior doctors to discuss the Locum payment issue and HR issues related to obtaining work schedule.

GSWH encouraged junior doctors present at the forum to apply for the LNC trainee representative role that is currently vacant (from Feb 2022). This was followed by an email to all trainees to consider application for this role. There is an interest from a Junior doctor for this role and GSWH is working with the BMA to explore their interest and recruit them into the post.

GSWH invited LCH Freedom to speak up Guardian to attend the Junior doctors forum. This was well received by the Junior doctors who felt that the session was engaging and supportive.

GSWH has taken on board the feedback from the past Trust board meeting regarding capturing the voice of Junior doctors into the Trust board report. This was discussed at JDF. GSWH is working with Head of medical education to explore routes to capture the feedback and will hope to incorporate this in the next Trust board meeting.

## **4.0 Impact**

This report has been informed by discussions with Junior doctors, CAMHS Medical Lead, Head of medical education, JNC, GSWH and medical education team from LYPFT and guidance received from NHS employers and Health Education England.

#### **4.1 Community Paediatric Training**

As community paediatric trainees work on call in LTHT any issues related to the hours they work on-call or rota issues are managed within LTHT.

GSWH has offered to attend the Junior doctors forum in Leeds Teaching Hospitals NHS Trust (LTHT) to advocate for Junior doctors in community training and has worked with LCH paediatric college tutor, LTHT rota co-ordinators to work around the impact of on-calls on paediatric training.

#### **4.2 Red Kite View CAMHS inpatient unit**

Red Kite view CAMHS inpatient unit on-call is now staffed by CAMHS ST junior doctors on a separate on-call rota and they will only cover the unit during the on-call time. This is organised and managed by LYPFT trust. GSWH from LYPFT attended the JDF in April and it was a good platform to communicate to Junior doctors to ensure they were aware of where to report exception reports since the change in March 2022.

### **5.0 Recommendations**

#### **Board is recommended to:**

- To note that a sustainable long term solution in regards to rota assurance and JD workplans is yet to be agreed
- Receive this assurance regarding plan in place for addressing issues related to CAMHS historic rota compliance and payment issues
- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues
- To note that there is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified.

**Trust Board held in public 27 May 2022**

**Agenda item number: 2022-23 (10b)**

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**Title: Annual Report of the Guardian of Safe Working Hours 21.22**

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**Covering period: 01/05/2021-30/04/2022**

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**Category of paper: For assurance**

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**History: Nil**

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**Responsible director: Executive Medical Director**

**Report author: Guardian of Safe Working Hours**

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## **Executive summary (Purpose and main points)**

### **Purpose of the report**

To provide assurance that doctors and dentists in training within LCH NHS Trust are safely rostered and that their working hours are consistent with the Junior Doctors Contract 2016 Terms & Conditions of Service (TCS).

To report on any identified issues affecting trainee doctors and dentists in Leeds Community Healthcare NHS Trust, including morale, training and working hours.

### **Main issues for consideration**

- Progress made with current CAMHS ST rota work schedule
- Current plan and work in progress to address CAMHS ST historic rota compliance and payment issues.
- The progress made with paediatric junior doctors' engagement and feedback
- Improved engagement with Junior Doctors in the Junior Doctor Forum (JDF)

### **Recommendations**

#### **Board is recommended to:**

- Receive this assurance regarding Junior Doctor working patterns and conditions within the Trust
- Receive this assurance regarding plan in place for addressing issues related to CAMHS historic rota compliance and payment issues
- To note that a sustainable long term solution in regards to rota assurance and JD workplans is yet to be agreed
- To note that there is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified.
- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues

## **ANNUAL REPORT ON SAFE WORKING HOURS: DOCTORS AND DENTISTS IN TRAINING**

### **1. Executive summary**

This report covers the period from May 2021 to May 2022.

There has been two exception report during this time period.

There is significant progress made around in patient CAMHS oncall rota and Red Kite view (new CAMHS inpatient unit). The ST (specialist trainee) on-call is now staffed by CAMHS ST junior doctors on a separate on-call rota and they will only cover the unit during the on-call time. This is organised and managed by LYPFT trust.

A compliant rota has been introduced for CAMHS ST non resident on call rota covering community CAMHS that still sits with LCH. Work schedule has been drawn up based on the work conducted during on call and incorporating the required rest periods and breaks as per the Junior doctors contract. A sustainable long term solution in regards to rota assurance and JD workplans is yet to be agreed.

Plans are in place to review the CAMHS historic ST On-call rota for compliance and payment issues.

### **2. Introduction**

This report, as required by the Junior Doctor's contract, is intended to provide the Board with an evidenced based report on the working hours and practices of Junior Doctors within the Trust, confirming safe working practices and will illustrate areas for concern. This report is written with the information available relating to data to date in the period covered.

Purpose: to report on issues affecting trainee doctors and dentists such as working hours and the accessibility of training which forms part of the rotational training programme.

### **3. High level data**

Number of doctors / dentists in training (total): 23

Number of doctors / dentists in training employed by LCH 13

#### 4. Annual data summary

##### Trainees within the Trust (Quarter 1- year 2021 to Quarter 4 year 2022)

Department	Grade	Status	Quarter 1	Quarter 2	Quarter 3	Quarter 4
			2021	2021	2022	2022
Adults		LCH contract	0	0	0	0
CAMHS	ST	LCH contract	4	2	1	1
	ST	Honorary contract	0	2	2	2
	CT	Honorary contract	4	4	5	5
Community Paediatrics	ST Level 1	Honorary contract	3	3	2	2
	ST Level 2 Grid trainee	LCH contract	2	2	8	8
Sexual Health	ST	LCH contract	1	1	1	1
GP	GPSTR	LCH contract	3	3	3	3
Obstetrics		Honorary contract	1	1	1	1
Dental Services		Honorary contract	0	0	0	0

#### 5. Exception Reporting

Two exception reports have been filed over the last year.

One exception report was filed during Quarter 2. This was filed on 12/10/21 by CAMHS ST Junior doctor. The exception report was due to workload intensity due to busy on-call and staff sickness meaning the Junior doctor was not able to get adequate rest during non-resident on-call. The issue was brought to the attention of clinical supervisor and GSWH and the Junior doctor took the time off as expected. This was an isolated event due to staff sickness and workload on that particular shift.

One exception report was filed during Quarter 3. This was filed on 05/01/22 by CAMHS ST Junior doctor. The exception report was due to workload intensity due to a busy on-call and lack of cover from specialist practitioner and lack of support from Core trainee who was on-call. The ST junior doctor

was not able to get adequate rest during non-resident on-call, they should get five hour of uninterrupted sleep per night as part of a non-resident on-call. The issue was brought to the attention of clinical supervisor and GSWH and the Junior doctor took the time off as expected. GSWH highlighted this issue to the LYPFT trust who employ the Specialist practitioner, the issue was related to core trainee competencies and training in CAMHS and this was highlighted to LYPFT, clinical lead in CAMHS and DME for further support for the ST on-call with limited cover/support from CT/specialist practitioner.

### **5.1 Working Hours and work schedule review**

CAMHS ST rota compliance issue was reviewed in view of concerns raised. GSWH has worked with BMA and LCH medical staffing team to highlight the concerned. Working hours for CAMHS ST non resident on call has been reviewed and work schedule has been drawn up based on the work conducted during on call and incorporating the required rest periods and breaks as per the Junior doctors contract.

CAMHS ST non resident on call cover has changed since March 2022 in view of CAMHS in patient unit cover by junior doctors. GSWH has suggested for a review of work schedule in view of the change. A sustainable long term solution in regards to rota assurance and JD workplans is yet to be agreed.

### **5.2 Educational Opportunities**

No exception reports submitted relating to educational opportunities. GoSWH and Deputy Medical Director are working with Junior doctors and clinical team to understand the impact of the on-call rota on community paediatric training time without reliance on exception reports.

GSWH conducted a feedback interview for Junior doctors in community paediatrics to capture data related to missed educational opportunities. There has been a lack of exception report filing for missed educational activities. This was well received and Junior doctors and LNC junior doctor representative contributed to the feedback. GSWH presented the feedback and suggestions to Paediatric college tutor and Medical Lead in Departmental medical meeting held on 18/10/2021. A plan is in place to incorporate the suggested changes to improve training opportunities.

GSWH has offered to attend the Junior doctors forum in Leeds Teaching Hospitals NHS Trust (LTHT) to advocate for Junior doctors in community training and has worked with LCH paediatric college tutor, LTHT rota co-ordinators to work around the impact of on-calls on paediatric training.

## **6.0 Rota Gaps**

The CAMHS ST non resident on call rota consists of a 1:5 rota, and gaps on this rota are covered by locums, typically doctors who have worked on the rota in the past or doctors currently working for LCH who are willing to do extra shifts. Gaps occur due to long term vacancies, staff who are not working full time or when staff take leave.

A system has been put in place to check and ensure the Locum shifts picked up by Junior doctors (who are currently on the rota) do not breach the Junior doctors' terms and conditions of hour worked. Since February 2022, this is checked by senior CAMHS admin staff with experience in managing CAMHS consultant rota.

### **CAMHS Historic ST rota issue**

In the last year it has become apparent that there has been no monitoring of the hours worked by doctors in training on CAMHS ST on- call rota for a few years. An exercise was carried out to monitor the out of hours worked in Autumn 2021.

Following the monitoring exercise which was carried out to review the working hours and information gathered from few Junior doctors's historic payslips/payments, there are two issues that have been raised. One is around the previous rota being a complaint one and the other one, if the Junior doctors were underpaid. Both these issues are interlinked as a non-complaint rota led on to possible miscalculation of hours worked. This is a big piece of work dating back to year 2016/2017 when the current Junior doctors contract was introduced.

GSWH and BMA IRO have met with LCH Assistant director of workforce and Medical director to look into the issue. Work is in progress to obtain relevant information from Junior doctors and Medical staffing regarding information around working pattern and payments made by the Trust. BMA IRO has reached out to Junior doctors employed by the Trust in the past to obtain information around pay and hours worked. GSWH has accessed previous Trust board reports to gather further information around exception reports filed, fines, payments made and other relevant information.

A plan is place to regroup (GSWH, BMA IRO, Asst Directorate of Workforce) with relevant members of the Trust once information is obtained for next steps for addressing any underpayments and compliance issue. There is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified.

## **7. Engagement with Junior doctors and Junior doctor forum meetings**

The Virtual Junior Doctor's Forum (JDF) was held in July 2021, October 2021, January 2022 and April 2022.



Attendance to Junior doctors forum has improved consistently over the past year. Junior doctors have been actively involved in discussion around spending Fatigue & Facilities funds. Junior doctors have found the JDF platform a useful platform to voice their feedback around HR issues, training opportunities. LNC Junior doctors representative did an exceptional job in engaging with LCH junior doctors and representing the feedback at LNC/JNC meetings.

GSWH encouraged junior doctors present at the forum to apply for the LNC trainee representative role that is currently vacant (from Feb 2022). This was followed by an email to all trainees to consider application for this role. There is an interest from a Junior doctor for this role and GSWH is working with the BMA to explore their interest and recruit them into the post.

Trust has made progress with administrative support for junior doctors, and there is now an accurate database of junior doctors in training at LCH.

## **8 Fines**

No fines have been levied by the GSWH.

## **9 Recommendations**

### **Board is recommended to:**

- Receive this assurance regarding Junior Doctor working patterns and conditions within the Trust
- Receive this assurance regarding plan in place for addressing issues related to CAMHS historic rota compliance and payment issues
- To note that a sustainable long term solution in regards to rota assurance and JD workplans is yet to be agreed
- To note that there is a risk a fine is levied (by GSWH in conjunction with the BMA) in response to compliance of CAMHS ST on call historic rota and financial impact on the trust if any underpayments identified.
- Support GSWH with the on-going work related to CAMHS ST historical rota compliance and payment issues

**Trust Board meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (11)**

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**Title: Review of Ockenden report**

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**Category of paper: For assurance**

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**History: NA**

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**Responsible director: Executive Director of Nursing and AHP's**

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**Report author: Executive Director of Nursing and AHP's.**

## **Executive summary**

The report sets out the implications for the Trust from the recent Ockenden Report published in March 2022 in response to the concerns at Shrewsbury and Telford Hospital NHS Trust. The report is the response to an independent review that considered a total of 1,592 clinical incidents involving mothers and babies at the Trust and how these were investigated or not and acted upon. The review also considered external reports into the Trust's maternity services between 1973 and 2020, local clinical governance processes, policies and procedures and ombudsman and coroners reports. In the weeks leading up to the publication of the report a number of staff withdrew their co-operation from the report and therefore their content or voice was lost from the report. Their main reason for this was fear of being identified.

Whilst the concerns were raised in relation to maternity care at the hospital there is learning from the report for all NHS Trusts and specifically in relation to four key pillars:

- Safe staffing levels
- A well-trained workforce
- Learning from incidents
- Listening to families

In addition, there were failures in governance and leadership including a failure to follow national clinical guidance, delays in escalation and failure to work collaboratively across disciplines. This resulted in poor outcomes, serious harm and death.

The conclusion of the Ockenden report identifies 7 immediate and essential actions (IEAs) to improve care and safety in maternity services. Whilst this focusses on maternity services, it was felt diligent for this Trust to consider these principles across our services. The IEAs are:

1. Workforce planning and sustainability including finance and training.
2. Safe staffing
3. Escalation and accountability
4. Clinical governance – leadership
5. Clinical governance – incident investigation and complaints
6. Learning from maternal deaths
7. Multidisciplinary training.

## **Recommendations**

Board are recommended to:

- Read the report
- Discuss the content and the actions proposed for LCH
- Agree the level of assurance provided
- Support the proposed actions

## **Review of the Ockenden Report.**

### **1 Introduction**

The final report of the independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust was published on 30 March 2022 following the interim report from December 2020. The final report contains several recommendations for maternity providers but also has overarching themes that need to be considered by all NHS Trusts. This report reviews those findings and considers the actions required for Leeds Community Healthcare NHS Trust (LCH).

### **2 Background**

The independent review of maternity services at the Shrewsbury and Telford Hospital NHS Trust, commenced in the summer of 2017. It was originally requested by the Rt Hon Jeremy Hunt MP when he was Secretary of State for Health and Social Care, and commissioned by NHS Improvement, to examine 23 cases of concern collated by the tireless efforts of the parents of Kate Stanton-Davies and Pippa Griffiths, who both died after birth at the Trust in 2009 and 2016 respectively.

Since the review was commissioned, it has grown considerably. The independent team of midwives and doctors led by Donna Ockenden reviewed the maternity care of 1,486 families, the majority of which were patients at the Trust between the years 2000 and 2019. Some families had multiple clinical incidents and therefore, a total of 1,592 clinical incidents involving mothers and babies were reviewed with the earliest case from 1973 and the latest from 2020.

The investigation examined the Trusts internal investigations where they occurred and in addition, the review team considered:

- External reports into the Trusts maternity services over the years both national regulatory reports and locally commissioned reports
- Local clinical governance processes, policies, and procedures
- Ombudsman and coroner's reports.

Throughout the investigation the priority was to ensure that the families impacted by the maternity services at the Trust were heard and to ensure that lessons are learned so that no further families experienced the same harm and distress that they did.

In the weeks leading up to the publication of the report several staff withdrew their co-operation from the report and therefore their content or voice was lost from the report. Their main reason for this was fear of being identified. This suggests there was an issue in the Trust about speaking out and this report has been considered by LCH's Freedom to Speak Up Guardian (FTSUG) and thoughts regarding this are captured in this report.

### **3 Current position/main body of the report**

Whilst the concerns were raised in relation to maternity care at the hospital there is learning from the report for all NHS Trusts and specifically in relation to four key pillars:

- Safe staffing levels
- A well-trained workforce
- Learning from incidents

- Listening to families

There were also concerns regarding the ability of staff to speak up and a poor culture of challenge between professions. LCH takes speaking up very seriously and considers it to be a practice in the Trust as opposed to a role. However, there is probably more that can and should be done considering this report to raise awareness of this with staff, especially in relation to clinical concerns and this will be picked up in the proposed sessions with staff. It is also very important that we understand from staff if there are fundamental barriers or reasons that they do not speak up.

Training for staff and managers regarding freedom to speak up is now on ESR and staff are encouraged to undertake this training. Training also occurs in the leadership and management courses within the Trust. However, it is felt following discussion with the FTSUG about this report there is more that can be done. Therefore, the intention is to review the training and how this is promoted and in addition an online session about the Ockenden Report will be delivered by the Director of Nursing and AHP's and the FTSUG. This will be to discuss the findings with staff and then to reiterate the importance of speaking up and challenging poor practice or cultures and the support available in the Trust to do this. This will be backed up with a joint letter to all staff and managers about this report from the Director of Nursing and AHP's and the FTSUG to remind them of the need to speak up about concerns and a reminder of how they can do this.

In addition, there were failures in governance and leadership including a failure to follow national clinical guidance, delays in escalation and failure to work collaboratively across disciplines. This resulted in poor outcomes, serious harm and death. In total there are 7 immediate and essential actions to improve care and safety in maternity services, but which this Trust also needs to consider across its services. There are a further 7 actions that are wholly specific to maternity services and will not be considered in this report. The areas for consideration for LCH are:

1. Workforce planning and sustainability including finance and training

The report states financing a safe maternity workforce is essential to enable the changes that are required. This should also apply to all NHS Trust workforces to ensure that the care that teams provide is safe and effective.

LCH services are financed to provide the workforce that is required and where this is considered not to be the case conversations would be initiated with commissioners. LCH senior leaders and Quality Committee have been cited on this approach in practice through, for example, the CAMHS business case, the Cardiac and Respiratory Rehabilitation business case.

In addition to this the Trust is well sighted on the challenges of recruiting registered staff in particular and has a number of initiatives to improve this, which Quality Committee and the board are aware of, for example, International Recruitment.

Within the report the training element of this requirement it recommends that there are ringfenced budgets for training in maternity units. In LCH, we have ring fenced budgets and a clear process to ensure training needs are established and staff trained as required to ensure safe delivery of services. This is undertaken through a training needs analysis which is undertaken every year. In addition, this recommendation states that Trusts must ensure a robust preceptorship for newly

registered midwives. LCH has a preceptorship programme for newly registered nurses and AHP's joining the Trust, and this is currently being reviewed to ensure it is fit for purpose.

## 2. Safe staffing

The report states all Trusts must maintain a clear escalation and mitigation policy where maternity staffing falls below the minimum staffing levels for all health professionals. When agreed staffing levels are not achieved, this should be escalated to the services senior management team as well as to the Chief Nurse and Medical Director and the Local Maternity System (LMS).

In LCH, only Hannah House as an inpatient setting is subject to the national safe staffing standards and there are no established national or local safe staffing levels for community services. However, there is an ongoing national workstream considering safe staffing levels in community nursing teams which the Trust have been involved in piloting. The Trust, led by the Director of Nursing and AHP's will continue with the work on safe staffing and the bi-annual safe staffing reports to Quality Committee and Board and ensure that this work is as robust and clear as it can be. There is currently intense work to establish what is a safe staffing level in the neighbourhood teams and this is underpinned by clear and robust data. Where there are concerns about safe staffing levels clear review processes in relation to any inadvertent quality / safety impact and escalation processes are being established as previously shared with Quality Committee.

In addition, the Director of Nursing and AHP's is leading a piece of work across the ICS looking at benchmarking District Nursing services with the new Queens Nursing Institute (QNI) workforce standards for the district nursing service.

## 3. Escalation and accountability

The report states staff must be able to escalate concerns if necessary. There must be clear processes for ensuring that obstetric units are always staffed by appropriately trained staff. All Trusts must develop and maintain a conflict of clinical opinion policy to support staff members in being able to escalate their clinical concerns regarding a woman's care in case of disagreement between healthcare professionals.

The above is specific to maternity services however, there is learning from other national reviews and serious incidents regarding differences of opinion and escalation between professions. Therefore, LCH will develop and maintain a conflict of clinical opinion policy to support staff as stated above. The intention is that this will complement existing processes and policy e.g., Raising Concerns policy, FTSUG. In addition to this LCH has a rich variety of options and a good culture for staff to speak up about concerns. This includes the freedom to speak up guardian, easy access to Directors, Ask Thea, clinical drop ins etc. At LCH the concerns are generally about cultures and concerns in teams and only a small number related to patient safety incidents, which suggests the local processes are robust and ensure that patient safety issues are picked up early and at source. There is also evidence that staff raise clinical concerns with the Director of Nursing.

The concern about staff withdrawing their comments at the last minute suggests there was a poor culture in the Trust and a culture of fear for staff. LCH has work

underway to ensure it does not have closed cultures in the organisation and that staff and managers understand the need to escalate concerns at the earliest opportunity. This work will continue and will also address the questions regarding barriers and the things that might stop people from speaking up.

#### 4. Clinical governance – leadership

The report states Trust boards must have oversight of the quality and performance of their maternity services. Again, this appears specific to maternity services, however, is relevant to LCH.

All services in LCH have a clearly identified operational and clinical lead responsible and accountable for clinical services and clear escalation processes. Clinical safety and governance issues are reported via the joint performance panel and QAIG reports and onward escalation to Quality Committee as required.

There has been significant progress in the way clinical services and the Clinical Governance Team work together to identify and explore themes and trends from patient safety incidents, and this continues, aligned with the national patient safety strategy. This has been demonstrated through the evolution of the performance brief and detail around more regular deep dives to provide assurance and areas of concern where improvement plans have been commenced.

This work will continue as per the current LCH processes as this appears to work well and there are no obvious gaps in this. However, we are reviewing our model for investigators within the patient safety strategy work to ensure they are adequately trained and have dedicated time to undertake investigation work. In addition, we are looking at how we can further align clinical governance work with quality improvement.

#### 5. Clinical governance – incident investigation and complaints

The report states incident investigations must be meaningful for families and staff, and lessons must be learned and implemented in practice in a timely manner.

All governance teams must ensure the language used in investigation reports is easy understand for families and ensure medical terminology is explained in lay terms. It also identifies that lessons from clinical incidents must inform delivery of local multidisciplinary training plans.

Actions arising from a serious incident investigation that involve a change in practice must be audited to ensure a change in practice has occurred. This change in practice must be seen within 6 months of the incident occurring. The Clinical Governance team at LCH has in the last 12 months added an action to all serious incident and complaint action plans to ensure that changes implemented are audited to ensure learning is embedded. The Trust will also work closely with complainants to ensure learning is fed back appropriately to ensure they can see the changes made.

All Trusts must ensure that complaints that meet the serious incident threshold must be investigated as such.

All of the above are things that LCH have within the existing Trust processes. It is to be noted that these will also continue to evolve and improve as part of the

development over the coming months and years as the new Patient Safety Strategy is implemented and embedded. This will also change the criteria for serious incidents, that will be referred to as patient safety incident investigations (PSII). A significant piece of work has taken place in relation to monitoring and addressing overdue actions from serious incidents, as has been cited within the Performance Brief.

Work is continuing in relation to multidisciplinary / multi-agency investigations and improvement plans, aligned with the patient safety strategy and the Trust will see this evolve over the next 12 months. This will be alongside greater patient involvement in their own safety and organisational safety over the forthcoming year.

#### 6. Learning from maternal deaths

This is a specific action in relation to maternal deaths and not relevant to LCH. The Trust already receives quarterly mortality reports from LCH services which includes clear evidence of investigation into unexpected and sometimes expected deaths. No further action is required in relation to this.

#### 7. Multidisciplinary training.

The report states staff who work together must train together. This means staff from all professional disciplines working and training together. It is not in isolation though and there are times when it is absolutely essential that training is wider than one team. The important thing is that all disciplines train together and this is not segregated. Staff should attend regular mandatory training. Job planning needs to ensure all staff can attend. All members of the multidisciplinary team should attend regular joint training, governance and audit events.

There are processes in place across LCH to ensure staff attend mandatory training. However, there will be a review of multi-disciplinary training to ensure this is delivered where required in LCH services. Clinical leads for each business unit will be asked to review this for their areas and report back on this. In addition, there is work ongoing to ensure LCH has a robust training needs analysis.

## 4 Actions LCH will take

The Director of Nursing and AHP's and the FTSUG will write to all staff and managers to remind them of the importance of speaking up and how to do this. In addition, an online session will be held with the two of them open to all staff to share the findings of the Ockenden Report and the importance of speaking up in LCH. This will also ask the question are there barriers for staff to speak up.

LCH will review its preceptorship programme for newly registered nurses and AHP's to ensure this is fit for purpose and meets the nationally mandated requirements that are currently being developed.

The work on developing safe staffing standards across LCH will continue and report via the bi-annual safe staffing report to Quality Committee and Board.



Develop and maintain a conflict of clinical opinion policy. This will be discussed at the Clinical Leads meeting 21 April 2022 and an appropriate lead for this work identified and updates on its progress reported to Quality Committee.

The work will continue regarding establishing the patient safety strategy in LCH and this work continues to be reported to Quality Committee and Board.

We will review our model for investigators within the patient safety strategy work to ensure they are adequately trained and have dedicated time to undertake investigation work.

We will work with the clinical governance and quality improvement team to further align clinical governance work with quality improvement.

The business unit clinical leads will review multi-disciplinary training across their respective areas to ensure this is happening as required and report back any discrepancies.

The closed culture work led by the Director of Nursing and AHP's will continue and there are developments around this in terms of ensuring prompts in Quality Walks etc. to illicit information and ensure staff are able to speak up and challenge concerns. Within this there will be work around disciplines working together and ensuring there are no areas for concern across LCH.

The Trust will also work closely with complainants to ensure learning is fed back appropriately to ensure they can see the changes made.

The suggestion is these actions will be reported via the Clinical Governance report to Quality Committee, which is produced bi-monthly, alongside the updates on the closed culture work.

## **5 Conclusion**

The Ockenden Report is a very harrowing read and it is important that LCH take on board any lessons for us as a Trust and ensure actions are put in place as required.

This report has pulled out the key elements that LCH must consider and suggested an appropriate set of actions to ensure these are considered as required.

## **6 Recommendations**

Board is asked to receive this report.

**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (12)**

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**Title: Workforce Strategy – Board update**

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**Category of paper: Information**

**History: Business Committee 25 May 2022**

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**Responsible Director: Director of Workforce, OD and System Development**

**Report author: Director of Workforce, OD and System Development**

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## **Executive Summary**

This paper provides a biannual update for the LCH Board and Business Committee of progress made against the objectives outlined in the LCH Workforce Strategy 2021-25. The Strategy was approved by Trust Board in October 2021.

This first update since the approval of the Strategy covers the period from October 2021 to March 2022.

The overarching aim of the LCH Workforce Strategy is to **attract, develop and keep the best people**, in order to deliver outstanding care.

## **Recommendations**

The Committee is asked to note the update against the Workforce Strategy provided.

The Workforce Strategy is arranged into seven themes: **Resourcing**; **Organisation Design**; **Leadership**; **Inclusion**; **Wellbeing**; **System Partner**; and **Foundations**

Three “Enablers” support the delivery of the themes’ objectives: **Employee Voice**, **Digital & Technology**; and **Data & Evidence** – these permeate our progress against each of the themes.

This paper provides a narrative update on each of the themes. A dashboard showing current position against each theme’s agreed progress measures is at **Appendix 1** – please note, however, that a number of these measures are in development and in the context of the strategy’s lifespan to 2025.

### **Theme 1: Resourcing:**

*Summary: a challenging labour market and current context of increasing turnover means ongoing and significant resourcing efforts and a focus on expanding our talent pool remain essential for LCH to maximise staff capacity.*

### **Theme 2: Organisation Design**

*Summary: Recent work on inter-organisational portability and Hybrid Working are indicators of new ways of thinking about our workforce. Successful eRostering rollout and improvements to workforce data are increasingly informing tactical and operational decision making. Longer term workforce planning is gaining traction.*

### **Theme 3: Leadership**

*Summary: LCH work to develop and support leaders has continued and adapted throughout the pandemic. An increasingly targeted offer will ensure that those most in need of support and development are identified and prioritised.*

### **Theme 4: Inclusion**

*Summary: Successful Allyship and Reverse Mentoring programmes continue to thrive. There has been positive movement in BME workforce representation although the required target required redoubled efforts. New ED&I Forum provides an LCH hub to focus on inclusion-related issues and drive organisation-wide action.*

**Theme 5: Wellbeing**

*Summary: The LCH Health & Wellbeing offer continues to develop in response to and anticipation of organisational needs. In the aftermath of multiple pandemic surges, LCH continues to experience heightened sickness absence levels which highlight the importance of ongoing dedicated support to the Wellbeing agenda.*

**Theme 6: System Partner**

*Summary: LCH is working collaboratively across multiple workforce programmes in pursuit of shared system partnership objectives aligned with LCH's own.*

**Theme 7: Foundations**

*Summary: Progress is being made in the design and delivery of core service specification and KPIs including Time to Hire. The Workforce Information team has been re-designed and service delivery is under the auspices of ITTEL with intelligence daily around queries, Payroll information and emails and phone call actioned and received.*



## Theme 1: **Resourcing:**

***Summary: a challenging labour market and current context of increasing turnover means ongoing and significant resourcing efforts and a focus on expanding our talent pool remain essential for LCH to maximise staff capacity.***

### **1.1 Enhancing and retaining existing capacity:**

- A New Starter Forum has been introduced, chaired by the Chief Executive, bringing together each quarter's new starters to share experiences and ask questions. This informs feedback to local services as well as ongoing work on induction, systems and processes to make new starters' transition into the organisation as smooth as possible.
- The Winter Incentives package which launched in November 2021, designed to enhance LCH's existing capacity, has had some encouraging impact during Q3 and Q4 on bank fill rates (+5%) and weekend capacity (+8.4 WTE each Saturday). A full review is underway to assess the impact and costs of the Incentives, which are due to cease on 5 June 2022.
- A Mutual Aid Review has taken place, considering the improvements implemented to the LCH Mutual Aid approach for 2022/23 use, and determining further improvements for future use; including the importance of early planning and preparatory clinical skills training for staff. Staff voice has been critical to this review.
- The InstantPay scheme, launched for LCH bank workers in November 2021, has seen excellent results and highly positive feedback. Over 100 additional LCH substantive staff have since joined the LCH staff bank. Rollout for substantive staff is now planned.

### **1.2 Attracting new capacity:**

LCH has worked with a range of partners as well as individually, to widen its reach to new potential talent, with some success including:

- Leeds Health Care Support Worker event (April 2022) with a focus on non-registrants has been successful, with 12 candidates now undergoing pre-employment checks for roles in Neighbourhood Teams and the Nights Service.
- LCH-specific hyper-local recruitment promotion has begun, with leafleting in target areas and 4 administrative staff recruited
- Face to face events planned in London and Manchester will widen LCH's national reach
- LCH's first 7 international recruits are expected to arrive in June 2022
- Leeds Health & Care recruitment campaign during Q1 of 2022/23 yielded one registered applicant and three unregistered applicants



## Theme 2: Organisation Design

**Summary:** Recent work on inter-organisational portability and Hybrid Working are indicators of new ways of thinking about our workforce. Successful eRostering rollout and improvements to workforce data are increasingly informing tactical and operational decision making. Longer term workforce planning is gaining traction.

### 2.1 System working:

- The Workforce Portability Agreement, designed by LCH, has been implemented during Winter 2021/22, with all of the Leeds Health & Social Care statutory organisations as well as some GP practices and PCNs now signatories to the agreement. It has enabled workforce flow across organisational boundaries for a range of purposes including Transfers of Care and Primary Care Vaccination clinics.

### 2.2 Workforce and capacity planning:

- Enhanced capacity reporting has been developed this Winter, enabling the Adult Business Unit to better understand its current and future workforce capacity position. As Business Units and services work to specify their required staffing levels, this work will increasingly underpin and inform organisational workforce planning.
- Positive initial workforce planning conversations have taken with Business Units. Planning templates have been created. Traction can be influenced by operational priorities or pressures.
- In-year changes to the planned workforce, for example in relation to LCH's city role in Transfers of Care and the Vaccination Programme, are taking place; agility and flexibility are key, reprioritising work as necessary to accommodate.
- 90% of clinical staff (2,400) are now on Health Roster, meeting the national requirement. The remaining 4 clinical services are all currently in implementation phase.

### 2.3 Ways of working

- A set of Hybrid Working Principles have been agreed and will influence service and organisational design, including the new LCH Hub building.
- A similar piece of work is underway to develop Flexible Working principles. The "right to request" Flexible Working from the start of an employee's time with LCH has been introduced alongside our organisational commitment to advertise all roles as having flexibility.



### Theme 3: Leadership

***Summary: LCH work to develop and support leaders has continued and adapted throughout the pandemic. An increasingly targeted offer will ensure that those most in need of support and development are identified and prioritised.***

#### 3.1 Leadership Initiatives:

- Mentorship Scheme – All LCH senior managers are now mentoring new managers either to role or LCH, the scheme is currently being evaluated and is entering its 2<sup>nd</sup> cohort.
- Appraisal and talent project with specific leadership focus. There is a plan to review the LCH appraisal process in 22/23 and consideration for a leadership appraisal using the Leadership Competency Framework (in line with the Messenger Review and the requirement to drive up performance and standards in health and social care leadership)
- Launch of new leadership offer to include system wide thinking; the online modules have been refreshed and there is a plan in place to return to some face to face sessions in September 22. Discussions are taking place to include the Leadership Academy offers in conjunction with other city partners.
- Targeted support to teams and services. Where there is intelligence (grievances, FTSUG, staff survey feedback) the OD&I team are aligned to Business Units and offering targeted support to leaders e.g. on holding difficult conversations.
- Coaching including revised network membership (Leeds). Two of the OD&I team are now coaching supervisors and the LCH coaching network has been revived and reconnected with the Leeds network to offer group supervision and support and host coaching events in the city.
- Lunch and Learns - as part of the revised leadership offer, we will provide bitesize sessions for leaders on topical issues with a programme diarised for the year.





## Theme 4: **Inclusion**

**Summary: Successful Allyship and Reverse Mentoring programmes continue to thrive. There has been positive movement in BME workforce representation although the required target required redoubled efforts. New ED&I Forum provides an LCH hub to focus on inclusion-related issues and drive organisation-wide action.**

### 4.1 Representation:

- Black and Minority Ethnic (BME) representation in the LCH workforce has increased from 10% to 11.8%, against a target of 14.5% by 31 May 2025. Work undertaken in a number of other themes including Resourcing and Leadership also contributes to this progress.

### 4.2 Inclusion and tackling disparity:

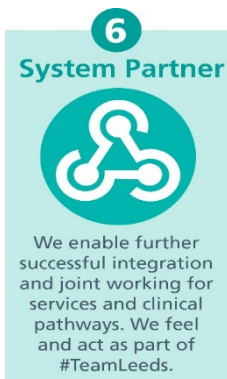
- A New Equality, Diversity and Inclusion Forum was established in Q3, chaired by the Trust Chair, to hear from representatives of particular groups and allies, and test progress against our Workforce Strategy Inclusion aims. Topics so far have included staff experience of living and working with a hidden disability, LCH Zero Tolerance work and LGBTQ+ needs and perspectives.
- 4<sup>th</sup> cohorts of Reverse Mentoring and Allyship Programme are in place, and the members of the Allies Forum continue with their journey to influence real racial equality within their teams.
- The Race Equality Network continues to grow in membership with over 145 members and they will be actively engaged in shaping the WRES Action Plan to reflect the latest WRES results as at 31/3/22.
- The Rainbow Ambassadors Group is considering the formation of a more formal LGBTQ+ Staff Network, with peer support offered by Race Equality Network colleagues to share key factors in the REN's success.
- LCH has achieved accreditation as a Disability Confident Leader – one of only 22 NHS Trusts to be accredited at this level
- 2021 Staff Survey results for LCH suggested a decrease in the proportion of respondents experiencing discrimination linked to a protected characteristic: 33.6% of BME respondents in 2021 compared to 35.2% in 2020; and 9% of respondents with a disability in comparison to 10.2% in 2020. Whilst this movement is in an encouraging direction, disparity of experience compared with that of overall respondents remains; and there must be no let-up of focus on this work. The 2021 Staff Survey also showed LCH with above-average results related to respondents reporting that individual differences are respected at LCH.



## Theme 5: Wellbeing

**Summary: The LCH Health & Wellbeing offer continues to develop in response to and anticipation of organisational needs. In the aftermath of multiple pandemic surges, LCH continues to experience heightened sickness absence levels which highlight the importance of ongoing dedicated support to the Wellbeing agenda.**

- Sickness absence at LCH rose steadily during Q2 and Q3 to a January peak of 8.1%. Although dipping in February and March, and with sickness peaks correlating with Covid-19 surges, a further rise in April 2022 sickness absence (7.9%) shows clearly that the LCH workforce continues to need dedicated and effective support for their wellbeing.
- The Staff HWB Engagement Group has been re-established to include members with lived experience of disability/long term conditions and is attended by the Trust Wellbeing Guardian. The Group has agreed a significant programme of work.
- Focus continues on supporting mental health through a range of means. This includes triaging and supporting staff, input from the dedicated LCH clinical psychologist and training a further 40+ LCH staff as Mental Health First Aiders.
- Health & Wellbeing Facilitators have been recruited to the Adult Business Unit, where sickness levels are among the highest at LCH, to support and listen to staff and to signpost available support.
- Health and Wellbeing Champion training has been launched, to help spread the word around keeping healthy and looking after yourself Over 25 people have registered on the course to date and registration continues
- In recognition of the financial impact that the pandemic had on many staff and their families, a new area of Wellbeing focus is around Financial Wellbeing. New Financial Wellbeing information and support options have been publicised, including the well-regarded Money Buddies. The Trust has also agreed and communicated an increase to mileage rates again assisting with financial well-being
- The InstantPay scheme, launched for LCH bank workers in November 2021 to enable them to access their wages from shifts already worked, has seen excellent results and highly positive feedback. Rollout for substantive staff is now planned.
- A booklet was sent to every staff member's home address containing details of the full range of HWB support that staff can access/download, together with a covering letter from the CEO, acknowledging the challenging times and encouraging staff to take time to look after themselves



## Theme 6: **System Partner**

***Summary: LCH is working collaboratively across multiple workforce programmes in pursuit of shared system partnership objectives aligned with LCH's own.***

### **6.1 System Recruitment:**

- Shared recruitment exercises have been undertaken in partnership with Leeds Health & Social Care organisations, with success primarily in unregistered roles.
- The Leeds Winter Workforce Collaborative project has enabled LCH to work in partnership with city partners to collectively identify and address barriers to health & social care recruitment that can be reduced or removed.

### **6.2 Working across organisational boundaries**

- Joint roles are planned with Adult Social Care partners and others for recruitment during Q1, to improve integration and transformation of key services.
- LCH leads the Working Across Organisational Boundaries programme of work as part of the Leeds One Workforce Strategic Board
- The Workforce Workstream of the new Leeds Health & Social Care Hub is expected to bring new opportunities for collaboration and innovation across the Health & Social Care partnership, with additional support and input from DHSC and NHS E/I.

### **6.3 Support to GP Confederation**

- Preparation for changes to contracting for the Extended Access service including Pensions and TUPE advice
- Building foundations within the GP Confederation including further work on suite of policies and procedures as well as foundational HR practices
- Terms and conditions including pay and reward work continues.



## Theme 7: **Foundations**

***Summary: Progress is being made in the design and delivery of core service specification and KPIs including Time to Hire. The Workforce Information team has been re-designed and service delivery is under the auspices of ITEL with intelligence daily around queries, Payroll information and emails and phone call actioned and received.***

### 7.1 Resourcing

- The introduction of a new NHS Jobs system is enabling improved analysis of Time to Hire information, in support of LCH's Resourcing aims. A 2022/23 target average Time To Hire of 85 working days has been set, aligned with targets of city partners. Once achieved, LCH will move towards a stretch target of 58 working days.
- An "Onboarding" programme of work is driving improvements in the experience of new starters

### 7.2 Workforce Systems

- Transition of the E Rostering project to a service is underway with roles and responsibilities clarified and recruited to.
- Improvements in WFI service including query turnaround times.
- Quarterly Payroll review meeting has taken place and excellent feedback on Payroll service
- ESR projects including clinical supervision, Admin review and transfer of smart cards responsibility to Clinical Systems team all underway or delivered.

### 7.3 HR Services

- Employee relations cases continue to trend downwards.
- Number of cases for change across the organisation being supported by the HR team including Admin review, expansion of the transfer of care hub and Police Custody

## **Conclusion**

Progress has been made in a range of areas during the first six months of the LCH Workforce Strategy 2021-25.

At this early stage in the Strategy's life span, the aims and objectives are on track; however current organisational risks and prevailing conditions linked to capacity have the potential to impact on success measures associated with Resourcing and Wellbeing in particular.

Areas requiring focused attention over the coming six months include our work on retention, the induction of International Recruits as well as relentless recruitment efforts, and of course support to staff wellbeing.

## **Recommendation**

It is recommended that Business Committee and the Board note the progress made during October 2021- March 2022; and the areas for focused attention over the coming 6 months.

## Appendix 1: Workforce Strategy Dashboard – Please note that some of this is still in development:

The dashboard below brings together the Workforce Strategy Measures by theme. In this first Workforce Strategy 2021-25 update, no RAG status or direction of travel has been reported; this will be shown in subsequent reports.

A number of measures are not yet scheduled to be tracked; these are grouped at the bottom of the table.

Theme	Ref	Objective	March 2022	Notes
Resourcing	1a	Bank fill rates increase by 10% and active Bank capacity increases by 20%	54% bank fill +125 bank assignments	Proactive recruitment and InstantPay impacting
	1b	Turnover is below 13%, with stretch target of 11%	14.9%	Turnover increased significantly during pandemic. Measures in place to address
	1d	Range of advertising and marketing options is increased, with regular targeted campaigns for high priority roles / services	Number of campaigns	Social media campaigns for Police Custody, YOI, 0-19 and Community Nursing have taken place / hyper local approaches underway
	1e	Recruitment Service offer is clearly specified, with associated KPIs regularly monitored and achieved	Work in progress	Time to Hire KPI in place / service review work underway.
Organisation Design	2a	Resourcing plans are in place for each Business Unit and refreshed annually	Work in progress	Initial meetings held / SBU plan developing well / further discussions planned at RSG
	2c	eRostering is fully implemented, enabling systematic skills and capacity planning by services	90% national target achieved	4 clinical services left to implement
	2d	Hybrid Working is fully embedded, supporting and informing the design and delivery of LCH approaches to Estates, Sustainability and Digital	Work in progress	Hybrid Working Principles in place / various iterations of what works for LCH and aligned with the context changes through the pandemic
Leader ship	3c	Every member of the LCH Senior Leadership team has undergone 360 degree assessment	Early stages	Whole-Board 360 degree assessment taking place in Q1 2022/23

Inclusion	4a	14.5% of the LCH workforce have a Black, Asian & Minority Ethnic background, increasing from 10% in 2021 and working towards 18% by 2028	As at 31/3/22, 11.8%	Specific actions within WRES action plan to increase representation and diversity in the workforce
	4c	Staff Survey results evidence reduction of at least 50% in the gap in discrimination experience of disabled and BAME respondents, with aspirations towards complete closure of the gap	Improvements in 2021 staff survey results compared to 2020 results	Zero Tolerance approach #notinadaywork campaign and #WYHRootOutRacism – anti racist campaign.
Wellbeing	5b	Absence due to stress / anxiety / depression is reduced, with overall annual sickness below 5% by 2025	1.43% on long term absence due to stress/anxiety and depression, overall sickness absence of 7.4%	Accounts for almost a third of all long term absence. Significant focus on supporting staff mental wellbeing, with range of HWB support available to access
	5c	Long term sickness absence rates return to target levels of <3.5%, with a stretch target of 3%	As at 31/3/22, Long term absence was 4.6%	Long term absence has increased during the pandemic. Supportive HWB measures in place to address this
	5e	Health & wellbeing conversations are embedded as a regular part of employee / leader conversations, supported by LCH leadership training	Ongoing	HWB Appraisal focus in ABU Appraisal review in 22/23 to incorporate HWB focus
	5f	Employee representatives with a long term health condition or disability have actively contributed to the design and scrutiny of associated procedures	Ongoing	Vulnerable staff support group continues to meet. Staff HWB Engagement Group refreshed with new membership, including staff with/without a disability and Trust Wellbeing Guardian. Disability & LTC representation at ED&I Forum

System Partner	6a	A minimum of 4 recruitment or training exercises per year, on average, are carried out collaboratively with ICP or ICS partners	2 in 2022 to date	January & April Leeds-wide campaigns
	6c	LCH staff in multiple services are working beyond LCH's organisational boundaries in support of LCH and system goals	Early stages	Joint roles to be recruited Q1 22/23 Extended role of LCH community Matron in PCNs
Foundations	7a	Service specification with KPIs is in place for Resourcing, Workforce Information and HR	Early stages	SOPs in place for key WFI protocols Time to Hire KPI established for Recruitment
Theme	Ref	Objective (not commenced)	Latest Figure (date due)	Notes
Resourcing				
	1c	Vacancy fill rates achieve 90%, with more applicants for hard-to-recruit roles than in 2020/21	To be reported Q1 23/24	



Organisation Design	2b	The overall LCH Workforce Plan reflects system partnership approaches to specific pathways, careers or roles	To be reported Q1 23/24	
	2e	A new LCH approach to Flexible Working is developed and introduced, with some form of flexible working taken up by >50% of LCH staff	To be reported Q1 23/24	
Leadership	3a	Quarterly and National Staff Survey results evidence overall improvement of at least 5 percentage points in staff experience of their leaders, with areas implementing Leadership Development action plans seeing specific improvement in scores.	To be reported following Staff Survey 2022 results	2021 Staff Survey provides baseline
	3b	New managers have attended an LCH Leadership Essentials module, or provided evidence of recent equivalent training with a previous employer.	To be reported Q1 23/24	
	3d	LCH talent management programme cohorts are <u>at least</u> representative of the diversity of the LCH workforce, with underrepresented groups specifically targeted for opportunities to develop their career	Not commenced yet	
Inclusion	4b	LCH talent management programme cohorts are <u>at least</u> representative of the diversity of the LCH workforce, with underrepresented groups specifically targeted for opportunities to develop their career	Not commenced yet	
	4d	100% of new starters and middle managers have been offered training in LCH's approach to inclusion via the LCH Leadership Essentials course	To be reported Q1 23/24	

Wellbeing	5a	Our “lead indicators” from the Staff Survey around staff engagement, motivation, and support from line managers, improve year on year between the 2021 and 2024 Staff Surveys	To be reported following Staff Survey 2022 results	2021 Staff Survey provides baseline
	5d	Staff reporting that LCH takes positive action on HWB rises by 5%	To be reported following Staff Survey 2022 results	62.7% staff (2021 staff survey baseline)
System Partner	6b	The GP Confederation has a full suite of pay, terms & conditions protocols	To be reported Q1 23/24	
	6d	LCH staff join ICP and ICS colleagues in undertaking collaborative and system leadership training opportunities	To be reported Q1 23/24	
Foundations	7b	Core KPIs including “time to recruit”; “average length of formal ER case” are met and within benchmarked norms	To be reported Q1 23/24	
	7c	A co-produced Organisational Training & Development offer and approach is in place, in partnership with QPD	Not commenced yet	

**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (13i)**

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**Title: Children, Young People and Families Strategy 2022:25**

**Category of paper: for approval**

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**Responsible director: Executive Director of Nursing and Allied Health Professionals**

**Report author: Head of Operations and Strategy- Children's Business Unit**

## **Summary**

The Children's Strategy 2018:2021 was due to be reviewed, refreshed and relaunched. This has occurred over the last 6 months and involved engagement with our Youth Board, parents and carers, colleagues across the Business Unit and partners in the city. Whilst much progress has been made in the 7 objectives set out in the strategy (see appendix 2) it was clear that each of these objectives were still relevant and provide clarity for the future direction of the Business Unit. It feels crucial to be explicit about the importance of supporting staffs' health and wellbeing and aspiring to be a wonderful place to work and this is captured in our new and 8<sup>th</sup> objective.

The Children's Business Unit's Business Plan for 2022/23 is aligned with the refreshed Children, Young People and Families strategy and will guide our developments.

Leeds Community Healthcare is actively involved in the new Leeds Children and young Peoples Population Board with exec representation from Dr Ruth Burnett (Executive Medical Director), and membership of Janet Addison (General Manager) and Hannah Beal (Clinical Lead). This Board made up of partners from other NHS Trust, Primary Care, 3<sup>rd</sup> Sector, education and local authority will enable the business unit to consider and evidence our role in and that of partners working together to achieve better outcomes for all children and young people whilst recognising the need health equity and for outcomes to improve faster for some children and young people.

The strategy will be launched by the Business Unit and Youth Board at an event in June 2022 with roadshows over the following months to share with more colleagues and ensure that the strategy shapes the future direction of the Children's Business Unit and most importantly by implementing it, we make a difference to the children, young people and families in Leeds.

## **Recommendation:**

- The Trust Board is asked to approve the Children, Young People and Families Strategy 2022:25.

# Children, Young People and Families **Strategy** **2022:2025**



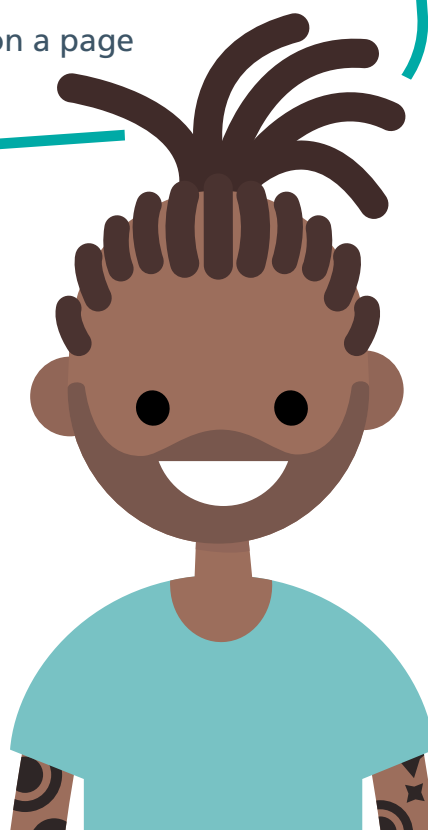
## Youth Board feedback on our 2018-21 strategy



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# Foreword

**There are few things more important for a country than improving the wellbeing and life chances of its children and young people and there has never been a more crucial time in recent history for us to focus on their wellbeing.**

Children and young people represent a third of our population and their health and wellbeing will determine our future. Improving their health and wellbeing is a key priority for NHS England and NHS Improvement.

The refresh of the Leeds Community Healthcare NHS Trust Children's Strategy determines our commitment to giving all children in Leeds the best possible start in life and for them to grow up being healthy, confident and resilient. Every newborn, child and young person has a right to reach their potential and live a healthy life. We will be resolute and give assurance that the care we provide over a child's lifetime is safe responsive, effective, compassionate and individual to the child and young person's needs and considers the needs of the whole family. Leeds Community Healthcare NHS Trust is justifiably proud of its children's services. We have continued to deliver excellent quality care despite the challenges over the past two years. We continue to work with families, children and young people to

improve our delivery of the services and are grateful for the patience of our children, young people and families during these times.

The ever-changing NHS landscape, especially over the last few years, offers opportunities to continue to develop and build sustainable services that deliver safe, dynamic, high-quality care, in the right place, at the right time, by the right practitioner that meets the needs of our children, young people and families in new ways. As a forward-looking organisation, we work across the system and are part of the Children and Young People's Population Board and we are continuously developing and improving our services to respond to the socio-economic changes around us.





Our overall aim is to address local variation and inequalities in health, outcomes and experience across the city.

We will work in an integrated care partnership model across our city, listening to our children, young people, and families that we serve. A key element of the strategy is the 'voice of the child' and to be

familiar with the belief that Leeds can be the best city in the UK to grow up in. The transition from children's services to adult care systems can be overwhelming and daunting. We will engage with young people and families, ensuring a purposeful, planned transfer of care of adolescents to the adult-oriented healthcare system.

We not only want to provide the best possible healthcare but to be the best employer in the city, offering career development for our staff and ensuring all staff are cared for. A vital part of **keeping the best people** is looking after people well, creating and sustaining an environment in which they can thrive, and providing support in times where health and wellbeing is at risk or compromised. Our staff are working innovatively, in a compassionate and inclusive culture, ensuring we attract the best professionals and retain our staff to deliver the best possible care.

**Thea Stein**  
Chief Executive





Being children and young people living in Leeds, it is so important to be listened to in what we need from services provided by Leeds Community Healthcare NHS Trust. This strategy sets out how this will be done, how we access services, how these services work together ensuring that

**children, young people, parents and carers are at the heart of all services, and the transition to accessing adult services is smooth as well.**

It is so important for children and young people to be able to access all healthcare services and information. The services provided should be available and written in a way that they can understand. This is also important for our families, knowing that they will get the right level of support and know how to access it.

The strategy shows how Leeds Community Healthcare NHS Trust are working hard to ensure that they get this just right by employing dedicated staff who are passionate about the care of children and young people and that these staff are listened to and involved in developing the objectives within the strategy.

Since joining the Leeds Community Healthcare NHS Trust Youth Board we have been involved in so many projects about how we can make things better and we have loads of examples from giving feedback around new leaflets, our opinions on changes in services, social media development, taking part in photo shoots and videos, the list is endless!

To be part of the Youth Board is amazing and we feel part of Leeds Community Healthcare NHS Trust knowing that we make a difference, we are listened to and included in making things better. We also get the chance

to take part in staff recruitment panels having our own Youth Board panel and this means that we are able to ask our own questions. This gives the candidates the opportunity to engage with us and can be very different to the more formal interview that takes place as well. This is so important as it shows that our views are important to the candidates and highlights that the Trust listens to and involves people in making decisions.



This new strategy builds on the previous one and, as children and young people, it's exciting to see how forward-thinking Leeds Community Healthcare NHS Trust are in how they are exploring app development and technology in developing its

services. So much has happened since the first strategy was developed, we have adapted to new ways of learning having done this virtually at times, school has been very different as have our healthcare appointments as well. Although these have been challenging times we have learnt so much, new ways of doing things and some of these now work really well. We feel as young people we have learnt so much recently and will bring these experiences in helping to develop services provided by Leeds Community Healthcare NHS Trust.

## What does our Youth Board say?

Children and young people will be given information around their appointments prior to attending. Ask their preferred name / pronouns to help them feel more comfortable when they attend appointments.

Information should be accessible and available to children, young people, parents and carers in all of our communities across the Leeds area.

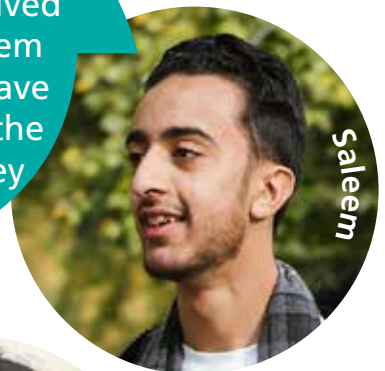
Developing technology, apps and exploring social media platforms to share information, support children, young people, their parents and carers.

Flexibility around appointment times, avoiding school times if needed and how appointments are attended such as virtual and in person.

Children and young people will be involved in decisions around their care.

People accessing our services should be invited to be involved in developing them and be able to leave feedback about the services that they access.

Children and young people will have access to all our healthcare services and know how to access them.







# Introduction

**Leeds Community Healthcare NHS Trust is the main provider of community-based health services across Leeds, offering high quality healthcare in the most appropriate setting for children, young people and adults. We achieve this by working in partnership with children, young people and their families, other organisations including our vibrant voluntary sector, involving and developing our staff, and using our resources wisely to continually improve our services.**

The children and young people we work with become adults. Adults become the parents and carers of the children and young people that this strategy is about. All our services work as much in partnership with parents and carers as they do with the children and young people themselves.

This strategy is designed to improve the health and wellbeing of all children and young people living and growing up in Leeds to enable them to reach their full potential and live happy, productive, ambitious lives in a safe environment. This document does not stand alone and contributes to the [Children and Young People's Plan \(revised 2018-23\)](#). See

**Appendix 1 on page 25.**



In reviewing this strategy we have talked to our key partners, the children, young people and their families, and practitioners working in the organisation. What is clear from the feedback is how proud all the voices are of Leeds Community

Healthcare NHS Trust children's services.

The success over the past three years has given us the confidence to set our sights higher and we will deliver on our original seven objectives with the future in mind. We will be innovative, flexible and measurable, ensuring we quantify outcomes of the offers we deliver for our children, young people and families, linking to the citywide children's outcome framework.

The revised Strategy 2022-25 continues to have the same clear mission statement and progression plan on how we will achieve our reviewed seven objectives and a new eighth objective. Over the past two years we have recognised the need to support our staff to build their resilience to enable their continued commitment to improving the lives of children and young people. Objective eight describes how we will achieve this.

We will work in partnership with our children, young people and families, hearing the voice of our Youth Board and parent groups collaborating with key partners: Leeds City Council, voluntary sector, schools, children's centres, third sector, primary care and acute trust in the city. Building on the firm foundations of our Strategy 2018-2021, we will also learn from the past two years and the challenges during the Covid 19 pandemic. A key priority and a crucial lesson we have learned is the support needed for our workforce and to continue to ensure they have a voice, feel they are listened to and enjoy working in Leeds Community Healthcare NHS Trust.

The strategy sets out an ambition to drive forward clinical offers for children, young people and families which are fully integrated with all partners across Leeds. This is a significant transformational ambition motivated by a desire to offer an improved experience for children, young people and families, better coordinated care, improved clear access, greater efficiency and ultimately create better outcomes for children and young people in Leeds.

## Our key achievements

Engagement with children, young people and families has been far reaching and includes the following achievements which are linked to our strategic objectives (see Appendix 2 on page 26 for further examples):



# Communication offer: Sally's story

The Communication Offer describes services and resources that support children and young people to develop speech, language, and communication skills. Sally's Story is an example of how a family might access elements of the Communication Offer which is one of the CBU offers.



## Pregnancy and birth

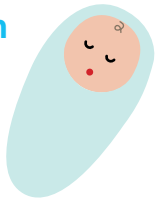
During pregnancy, Sally's parents were told about how to be aware of the needs of their unborn baby and ways to support language learning through developing the parent-infant relationship.

After the birth, Sally's mum was given information around caring for and connecting with her baby. This included support from Pregnancy Birth and Beyond group, libraries, Children's Centres, Family Hubs, local voluntary and community sector services, clinics etc.



## Infant mental health

Sally's mum was having worrying and upsetting thoughts about her baby so the 0-19 Specialist Public Health Nurse made a referral to the Infant Mental Health Service. Sally's mum received support to develop ways to strengthen the unique relationship between herself and Sally.



## Progress checks

The 0-19 Specialist Public Health Nurse highlighted the importance of participating in progress checks so that any speech, language or communication needs can be identified early. Sally's mum watched some of the recommended Top Tips for Talking Animations.



## Developmental review 12 months

Sally's mum brought her to a children's centre where she talked with the 0-19 practitioners about how Sally is growing and developing.

They shared information about hearing and language development to help identify any problems.

## HENRY Programme

They agreed that Sally's mum would attend HENRY programme 1-1 sessions to learn about how the home can be a great learning environment for speech language and communication.



## Ages and Stages

At 2½, Sally's parents completed the Ages and Stages Questionnaire (ASQ). Sally was eligible for free education and childcare and started to attend a children's centre.



## Speech and Language Therapy

Sally was referred to the Speech and Language Therapy service following the ASQ as parents reported concerns about her communication and interaction. The 0-19 PHINS practitioner also referred her to a Paediatric Neuro-disability Service for suspected Autism.



As part of the Complex Communication and Autism Assessment, the family were supported by a **Specialist Health Visitor, Speech and Language Therapist, Clinical Psychologist and Paediatrician.**

Sally received a diagnosis of autism and was supported with her communication and interaction.

## Readiness for school

Sally is due to start school and her mum shared her concerns in the Set for School Questionnaire. The 0-19 Specialist Public Health Service helped **plan for a supportive learning environment in school.**







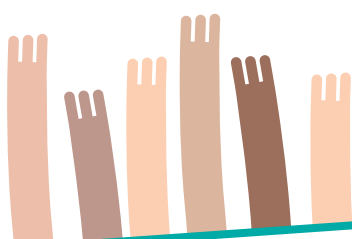
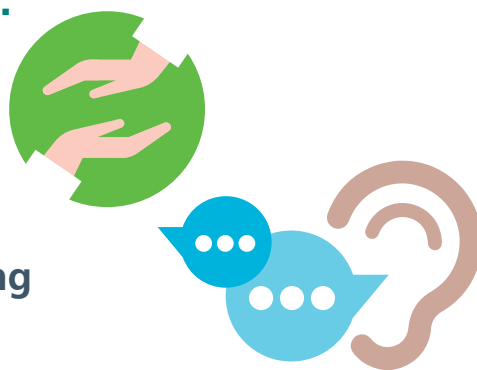
Sally continues to see a **Speech and Language Therapist** who will see her in school once she starts, to support her with her communication needs.



# Our mission statement

**We enable children and young people to meet their potential and live healthy lives by:**

-  Keeping children safe.
-  Helping children achieve their goals by listening and responding to their needs.
-  Empowering children, young people and their families.
-  Helping children to participate.



## Our services: What makes our children's services special

Leeds Community Healthcare NHS Trust provides community-based health and wellbeing services for all children, young people and their families in Leeds aged 0-19 years (up to 25 years for children with special educational needs and/or a disability). See [Appendix 3 on page 32](#) for the full range of services we offer.

Our children and young people services operate across the city and the wider region of Yorkshire. We are in a very privileged position, working with families during pregnancy up to a young person's transition to adult services. Our services are life enhancing, safe, evidence-based, and dynamic with a clear understanding of our population's health needs.

Leeds Community Healthcare NHS Trust currently offers a range of services that are available to children and families at different stages or levels of need and can be classified into different levels of intervention as explained on pages 12 and 13.



# Levels of intervention

All children can access the community and universal levels of support. Targeted and specialist level interventions are brought into the child's overall package of care based on need at a given moment in time.

## Community:

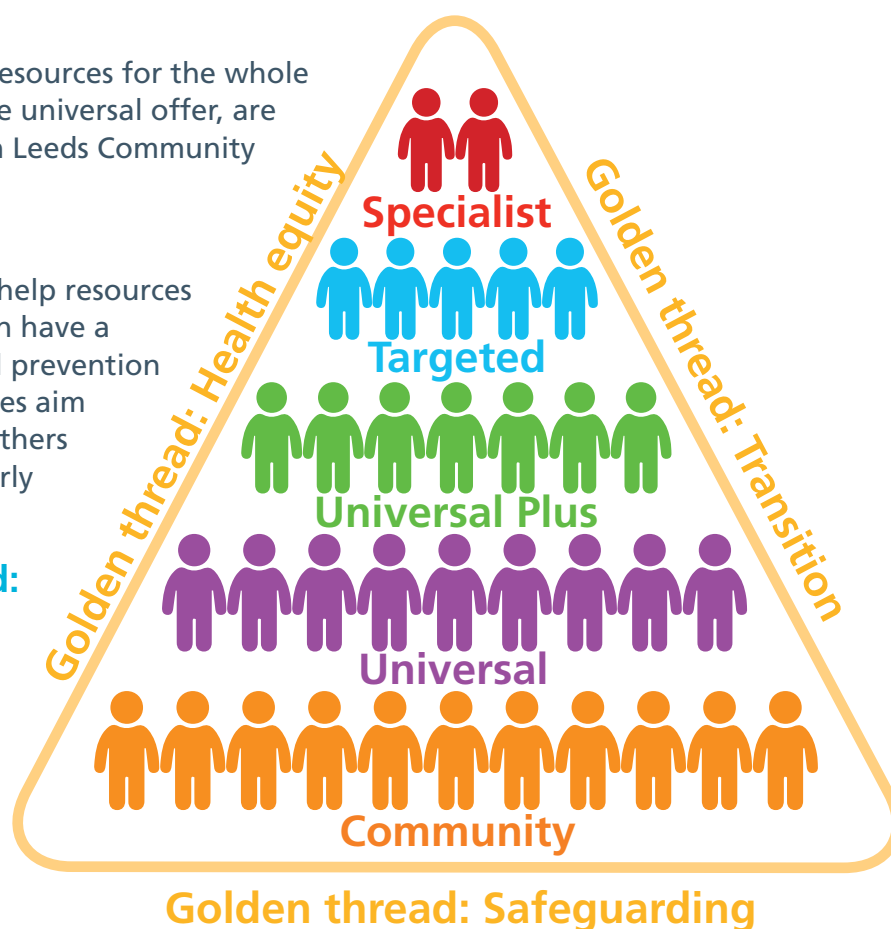
Groups, services and self-help resources for the whole population, which underpin the universal offer, are provided by services other than Leeds Community Healthcare NHS Trust.

## Universal:

These are the services and self-help resources for the whole population which have a focus on health promotion and prevention of poor health. Universal services aim to inform, educate, and train others to know about populations, early identification, and risk factors.

## Universal Plus / Targeted:

Some children and families will require additional support. Children who are at risk of having ongoing needs will require close monitoring of outcomes. Additional support is provided by parents/carers, appropriately trained early years or education practitioners guided by specialists. Goals are agreed, progress is monitored, and clinical effectiveness is measured by clinical outcomes related to each goal.



## Specialist:

Some children have longer term needs which require direct or indirect interventions, provided or supported by a specialist. This level of provision is likely to involve multi-agency support, in collaboration with education practitioners and parents/carers. Interventions focus on developing and maintaining skills or managing the environment to support the condition. Interventions are for children with severe or complex, specific ongoing needs. Goals are agreed, progress is monitored, and clinical effectiveness is measured by clinical outcomes related to each goal.

## Golden threads:

Safeguarding, transition and health equity are the golden threads that underpin all the levels of intervention.

The graphic on page 13 illustrates which services can be accessed at the different levels of intervention described above.



# Services delivering the interventions



# Growing up in Leeds

**Leeds is the largest city in the north of England (Leeds Joint Strategic Needs Assessment 2021). Its population is approaching one million and there are over 189,000 children living in the city. Leeds children are at the heart of the city, with a collective ambition across all sectors for Leeds to be the best city to grow up in.**

We know that many children growing up in Leeds have challenges to their health and wellbeing. 24% of children live in poverty in the city compared with the national average of 19% (Leeds Joint Strategic Needs Assessment 2021). The pandemic has undoubtedly escalated the health equality outcomes across the city and the health wealth gap has widened. There is a larger number of children under the age of two growing up in the most deprived areas of the city and the pandemic has disproportionately affected the indices of multiple deprivation (IMD) in these areas the most.

The pandemic has also had a significant impact on the mental health of our young people. Self-harm admissions to hospital in Leeds have increased significantly. The birth rate has fallen over the past decade to approximately 8400 (a decrease of 12%), however, children are still the fastest growing cohort of the population with a concentration of secondary school aged pupils.

For the Leeds Community Healthcare NHS Trust Children and Young People's Strategy 2022-25 to be meaningful, it is important that it articulates how growing up in Leeds is different to growing up

elsewhere and also, what it is like to live and work in Leeds as an adult. The city has an embedded determination to be the best city to grow up in. We want to make a positive difference to the lives of children and young people who live in Leeds, while recognising the need for outcomes to improve faster for children who have the greatest need.

**12%**

decrease in the birth rate over the last decade to approx **8400**

**23%**

of 4-5 year olds are obese or overweight

Education, Health and Care Plans (EHCP) have **tripled between 2016-21**, from 824 to 3013





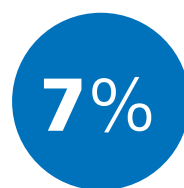
Leeds is in a great position to build on its many achievements. Since 2011, the number of Children Looked After has reduced by 7% compared to a 22% rise over that period across England. The city was rated as outstanding by Ofsted in 2018. This

was achieved as a result of strong partnership working with Leeds Community Healthcare NHS Trust and its practitioners.

The most comprehensive and reliable document to provide this insight and context is the [Leeds Joint Strategic Needs Assessment 2021 \(JSNA\)](#). The JSNA pulls together a detailed analysis of data and information from a range of sources. The latest JSNA highlights several demographic challenges in the city particularly the significant increase in childhood poverty because of the pandemic. It also provides valuable data to support the revised production of a Leeds Community Healthcare strategy that is relevant to children, young people and their families in Leeds.



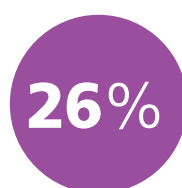
In summary, there is a significant increase in the number of children and young people who grow up in Leeds that face challenges and trauma. The revised strategy needs to consider the impact of the pandemic and the widening health inequality gap in Leeds. Leeds Community Healthcare NHS Trust has a key role to play in contributing to better outcomes for children and young people in Leeds.



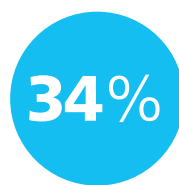
**reduction** in the number of Children Looked After from 1,346 to 1,278 between March 2020-21



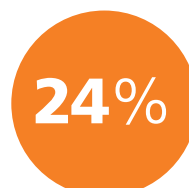
An increasing proportion of people in Leeds live in the most deprived parts of the city.



of people in Leeds live in the 10% most deprived areas nationally



of pupils in primary schools in Leeds live in the 10% most deprived areas nationally



of children in Leeds are living in poverty

# National context for children and young people

There is a plethora of policies from government supporting the delivery of services for children, young people and their families. These include the [Children and Families Act 2014](#), (a [young person's guide to the Children and Families Act 2014](#) is also available), [Best Start in Life and Beyond \(2021\)](#). The [NHS Long Term Plan 2019](#) clearly sets out a framework for children and young people, recognising that delivering care to children and young people is diverse and complex.

The NHS Plan is a radical document that has a roadmap for joined up working across all systems in healthcare, education, and social care. Services need to work holistically across local authority and NHS teams to provide joined up care that is focused on families. The Plan recognised that many children and young people could be supported successfully in their homes by community services and primary care, with improved outcomes for children, young people and their families.

**Appendix 4 on page 33** shows a list of policy drivers and influencing documents that supports the revised strategy. Whilst it is not an exhaustive list, the documents helped shape the updated Children, Young People's and Families Strategy 2022-25, and will continue to guide the direction of travel for children and young people's services in Leeds Community Healthcare NHS Trust for the foreseeable future.





# Local context:

## What this means for children, young people and families in Leeds

In Leeds there are several existing programmes of work in the city which link with the Children's Strategy ([Appendix 4 on page 33](#)).

The [Leeds Children and Young People's Plan 2018-23](#) ([See Appendix 1 on page 25](#)), brings together national and local policies relating to children and young people. Underpinning the Plan is an assumption that all partners are working together towards a shared responsibility to address the question 'what is it like to be a child or young person growing up in Leeds, and how do we make it better?' Leeds Community Healthcare NHS Trust's children and young people's services have a significant role to play in this partnership and also in articulating how its services contribute to improving what children and young people achieve in Leeds. The plan has five outcomes:



- 1 All children and young people are safe from harm.
- 2 All children and young people do well at all levels of learning and have the right skills for life.
- 3 All children enjoy healthy lifestyles.
- 4 All children have fun growing up.
- 5 All children and young people are active citizens who feel they have voice and influence.



The revised strategy is also clearly aligned to the [Healthy Leeds Plan 2021](#). As the main provider of children, young people and family community health services in the city, we have the continued ambition to drive the provider collaboration agenda, working across all systems.

The eight objectives of the Children's Strategy set out how we are going to be key drivers to work in a system wide approach with a clear focus on population health needs and addressing the social determinants of health. The four key principles in the Healthy Leeds Plan reinforce our mission statement, and by working in the framework, we become an integral partner in the Integrated Care Partnership (ICP) West Yorkshire and Harrogate.

Working together collaboratively across all providers, the strategy describes how we are going to do this through building on our learning and updating our seven objectives. This includes introducing an eighth which focuses on our workforce, the blueprint for our offers and delivery of the services pathways.

# Our strategic objectives

Our eight objectives have been reviewed and updated and are still as applicable today as when the first Children's Strategy was introduced in 2018. Our three year plan is deeply integral to our aspirations for the children, young people and families we serve and is our framework for action (see Appendix 5 on page 34).

The Leeds Community Healthcare NHS Trust Children and Young People's Strategy is underpinned by a robust business and implementation plan which runs on a three year cycle and is reviewed annually (see Appendix 2 on page 26).

1

Agree and develop fully integrated offers for children and young people in Leeds



## We will...



Implement our agreed offers.



Ensure we are leaders in the development of integrated, collaborative care systems for children, young people and families in the community.



Ensure all services have a defined but flexible offer with the child and family at the centre.



Ensure transition is seamless and as a golden thread, runs through all service pathways and offers, at every stage of a child's development.



Work towards establishing integrated teams to deliver on the offers.

2

Demonstrate the effectiveness of services through outcomes and sharing best practice



## We will...



Use best practice based on current research to ensure best outcomes for children, young people and families.



Continue to improve our use of outcome measures and produce quality data to evidence successes.



Transform our services to focus on the child's and families' journey and outcomes.



Work with commissioners to focus on the outcome for the child, young person and family and what has been achieved, rather than how many appointments the child has had.

3

Children, young people and families will have a positive experience of our services



## We will...



Always collaborate with the Youth Board on any developments in children's and young people's services.



Develop a charter to ensure we hear the voices of children, young people and families, listening to feedback, acting on it and sharing it.



Work with the voluntary sector to ensure we are inclusive of all the populations we serve.



Develop a forum for parents, families and carers.



Through our pathways and offers, ensure children and young people see the right person at the right time.



Ensure we use technology and social media platforms to communicate with children, young people and families.



Commit to annual consultation activity to inform us on how we are doing.



Work with children, young people and families to review and update the next three yearly strategy.



Ensure children and young people gain opportunities and experience in working with services.

4

Services will be delivered through a fair days work, within budget, be cost effective, and value for money

## We will...



Ensure service offers are value for tax payer's money.



Ensure workforce and budget planning are aligned.



Work with funders to ensure that our services deliver on what matters most for the health of children and young people across the city.



5

Retain and expand services (where appropriate) by being tender-ready and open to business development opportunities

## We will...



Strive to be the preferred provider of Children's Community Healthcare Services by being productive and cost effective.



Reduce our dependency on estates by working in a hybrid model of sharing spaces in public buildings for optimal occupancy.



Always be ready to work with other organisations to expand our services to benefit children, young people and families.



Employ excellent staff who give a high quality experience and care, whilst also delivering a fair day's work and being cost effective.



6

Services will have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people

## We will...



Offer continuous support and mentorship to enhance colleagues' experience and career progression.



Offer opportunities to work across children and young people's services to gain skills and experiences in differing fields and across traditional service boundaries.



Collaborate with all colleagues in the workforce to offer a wide range of flexible options to enhance work life balance.



Ensure managers and teams have the skills and resources needed to support a productive, innovative workforce.



Develop leaders who can ensure safe, quality care which improves children, young people and families' outcomes.





7

Maximise the potential of technology

## We will...



Build on our digital offer to families with a hybrid model of face to face and virtual/video appointment options ensuring families are not digitally excluded and have improved access to services.



Communicate through YouTube and other social media platforms to support children, young people and families to manage their own care.



Create website pages for our offers.



8

Make children and young people's services a wonderful place to work and first choice appropriate employer by investing in the health and wellbeing of our workforce

## We will...



Ensure we communicate the Leeds Community Healthcare NHS Trust health and wellbeing offer to all colleagues so that they feel sustained and cared for and have access to services when needed.



Enable leaders to be skilled in compassionate conversations through a 'people before process' philosophy.



Offer a wellbeing conversation as part of the appraisal and manager conversations.



Offer an insight to trauma informed practice to all staff.



Develop health and wellbeing champions in every service.



Ensure staff are aware of the flexible employment options available for a positive work-life balance.



# Keys to success: how will we do this?

The success of the Leeds Community Healthcare Children's Strategy will be dependent upon several underpinning principles and approaches agreed by Leeds Community Healthcare Board and supported by our Youth Board and children's services practitioners as they drive this strategy forward.

## Co-production and engagement – children, young people and families

Progressing and developing Leeds Community Healthcare NHS Trust children's services will take into account the views and needs of children, young people and their families through meaningful and continued engagement. We will be held accountable by the Youth Board and parent groups and we will deliver progress reports on all the objectives at a quarterly Youth Board meeting. We will monitor children, young people and family outcomes through data and children, young people and family feedback on services.

## Engagement – our staff and partners in Leeds

We will continue to engage and communicate with our staff through forums to increase visibility of leaders so all have a voice in the implementation of the strategy and the development of the business planning. We will hold key milestone forums to showcase how we are implementing the strategy.

The Children's Leadership Team commits to meaningful dialogue with our partners about the future direction of Leeds Community Healthcare NHS Trust children's services including its challenges and opportunities. We welcome ideas and feedback on how we are doing and the practical support needed in getting there.

## Consideration of CQC domains

Leeds Community Healthcare NHS Trust Children and Young People's Strategy will have the five Care Quality Commission (CQC) domains (safe, caring, responsive, effective, well-led) at the heart of its planning and implementation plan.

## Contributing to the evidence base, research and best practice

Developments and interventions within the children's services are evidence based. We will continue to contribute to the evidence base by sharing our best practice, being involved in research activities and communicating our outcomes measures. We will share this information with all our staff in children's services, Trust Boards and commissioners.

## Maximising technology

Children and young people's services will continue to develop technology and embrace new initiatives. We will drive forward new ways of working, using digital technology, wherever suitable, and endorsing digital inclusion across our communities.

## Governance

Over the first year of this strategy, a detailed business plan will support the delivery of the strategic objectives and there will be a quarterly review of the actions at Children's Management Team strategy days. The business



plan will be communicated to our services and colleagues and the Youth Board overseeing the implementation of all the actions underpinning the seven objectives. They will expect accountability from the Children's Management Team on delivery of the strategy within the timeframes. An annual report will be produced, supported by services on their achievements, and submitted to the Youth Board and Leeds Community Healthcare governance structure. [See Appendix 6 on page 35 for details of the business plan.](#)

## Using data, information systems and finance intelligently

Strong and sustainable strategic development will be underpinned by robust data and information. This will help the children and young people's services to monitor their own performance and provide performance information and results (internally and externally). These demonstrate that developments and changes within and across services are effective, timely and value for money, making the best use of the Leeds pound for children and families.

## Understanding provider collaboration and Integrated Care System (ICS)

The Children's Management Team has established good relations with its key partners, building on relationships developed in recent years to enable delivery of the strategy and aims to maintain this. Whilst Leeds Community Healthcare NHS Trust Children and Young People's strategy sets out our intentions, short and long term goals supported by our business plan, the strategy will also be mindful of new commissioner arrangements and how to evidence positive outcomes for families and children to enable continued funding for services. We will be a leader in the city, working together with our partner organisations including the third sector, using our skilled knowledge and our understanding of the health and wellbeing needs of the population we serve.

We will ensure we are seen as a community asset for volunteers and voluntary sector colleagues and a good employer for the future children and young people.

## Students experience

Children and young people's services will continue to support students from all disciplines. We will grow our own workforce by ensuring a varied and comprehensive experience in the offers delivered across services. We will build on our already positive relationships with our partner university.

## Interdependencies

This strategy takes account of and is linked with the following local strategy documents:

### Leeds Community Healthcare NHS Trust strategies:

- Quality Strategy
- Workforce Strategy
- Business Development Strategy
- Administration Review
- Estates Strategy
- Organisational Development Strategy
- Third Sector Strategy
- Quality Framework Strategy
- Engagement Strategy
- Business Intelligence Strategy

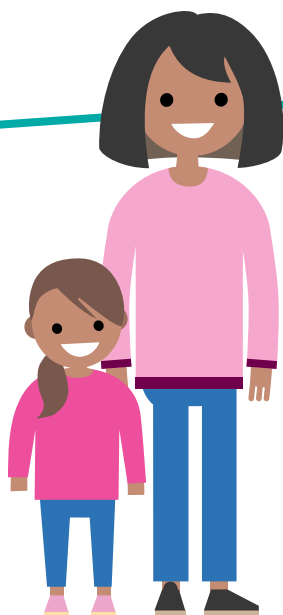
### Local strategies:

- Health and Wellbeing Strategy for Leeds
- Future in Mind
- Best Start Strategy
- Early Help Strategy
- Maternity Strategy
- Attainment Achievement and Attendance Strategy and the Thriving Strategy
- NHS Plan
- Leeds SEND and Inclusion Strategy

# Conclusion

The revised Leeds Community Healthcare NHS Trust Children and Young People's Strategy 2022 builds on the ambitious vision in the Children and Young People's Strategy 2018. The chief principal to have co-produced and fully integrated pathways across the city is very much as valid today as in 2018. The trailblazer Children and Young People's Strategy 2018 provided children services a framework to enable the delivery of measurable milestones to achieve a vision for children, young people and families in Leeds as well as developing our workforce and future proofing service delivery. It is predicted that our eight objectives will underpin every decision that we make.

## What do parents say about the strategy?



For me as a parent I want to know how the strategy helps me to help my child. I need it to be accessible, informative and relevant to us as parents and for our children. For it to mean anything, It needs to be in a voice I can relate to and understand, sometimes we can get lost in 'professional speak' and forget that the day to day reality of supporting a child with complex needs is different for parents, compared to how it is experienced by professionals providing essential care. So for me, this strategy needs to reflect that.

If services work together, employing dedicated staff and listening to people who access these services, the highest level of care can be achieved for our children.

Children and young people's services will rise to this challenge and over the next three years will focus on delivering on all its assurances in the strategy to the families of Leeds.

# References

- Children and Families Act 2014
- Public Health Outcomes Framework 2016 Healthy Lives, healthy people: Improving outcomes and supporting transparency
- 'Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing' (2016 updated 2021)
- Leeds Health Plan 2021
- NHS Long Term Plan 2019
- Children and Young People's Plan (revised 2018-23)

# Appendix 1

## Leeds 2018-23 Children and Young People's Plan

Helping deliver the Best Council Plan and our Best City ambition of a strong economy in a compassionate city

What we'll do

### One vision

Our vision is for Leeds to be the best city in the UK and the best city for children and young people to grow up in. We want Leeds to be a child friendly city.

Through our vision and obsessions we invest in children and young people to help build an increasingly prosperous and successful city. We aim to improve outcomes for all our children whilst recognising the need for outcomes to improve faster for children and young people from vulnerable and deprived backgrounds.

### Three obsessions

1. Safely and appropriately reduce the number of children looked after
2. Reduce the number of young people not in education, employment and training
3. Improve achievement, attainment, and attendance at school

### Five outcomes

Conditions of wellbeing we want for all our children and young people

All children and young people:

1. Are safe from harm
2. Do well at all levels of learning and have skills for life
3. Enjoy healthy lifestyles
4. Have fun growing up
5. Are active citizens who feel they have a voice and influence

### Eleven priorities

1. Help children and parents to live in safe, supportive and loving families
2. Ensure that the most vulnerable are protected
3. Support families to give children the best start in life
4. Increase the number of children and young people participating and engaging in learning
5. Improve achievement and attainment for all
6. Improve at a faster rate educational progress for children and young people vulnerable to poor learning outcomes
7. Improve social, emotional, and mental health and wellbeing
8. Encourage physical activity and healthy eating
9. Support young people to make good choices and minimise risk-taking behaviours
10. Help young people into adulthood, to develop life skills, and be ready for work
11. Improve access to affordable, safe, and reliable connected transport for young people

How we'll do it



## Behaviours that underpin everything we do

Use Outcome Based Accountability, and ask the question: is anyone better off?

We listen and respond to the voice of the child

Use restorative practice to work and do with people, not for or to them

We support and prioritise children and young people to have fun growing up

How we'll know if we've made a difference

1. Number of children looked after
2. Number of children and young people subject to a child protection plan
3. Number of parents who have had more than one child enter care at different times
4. Number of children and young people with a child in need plan
5. Percentage of pupils achieving a good level of development at the end of the Early Years Foundation Stage
6. Infant mortality rates
7. Percentage of new school places in good and outstanding schools
8. Attendance at primary and secondary schools
9. Number of fixed-term exclusions from primary and secondary schools
10. Percentage of pupils reaching the expected standard in reading, writing, and maths at the end of Key Stage 2
11. Progress 8 score for Leeds at the end of Key Stage 4
12. Destinations of young people with special educational needs and/or a disability when they leave school
13. Progress against measures in the Future in Mind dashboard
14. Prevalence of children at age 11 who are a healthy weight
15. Proportion of young offenders who re-offend
16. Under-18 conception rates
17. Admission episodes for alcohol-specific conditions: under-18s
18. Percentage of students achieving a level 3 qualification at age 19
19. Number of young people who are not in employment, education, or training, or whose status is 'not known'
20. Transport for young people indicator to be developed after further discussions with young people





# Appendix 2

## Achievements from our 2018-21 Implementation Plan

**Objective 1:** Agree and develop fully integrated offers for children and young people in Leeds











What does this mean?	How will we deliver this?	Progress
1. We need to strategically position ourselves to work with key partners and commissioners in Leeds to promote vertical and horizontal integration of pathways for children and young people across Leeds and lead on pioneer projects promoting new care models.	By sharing our strategic intent with commissioners and partners at appropriate forums such as Health and Wellbeing Board, Complex Needs Partnership Board, GP Federations, commissioners.	
2. Agree and establish key pathways with children and young people that will form the basis of an holistic Leeds Community Healthcare NHS Trust Children's Service which places emphasis on a pathway-defined delivery model rather than a (individual) service-defined delivery model.	Review current and agree additional pathways required to create fully comprehensive Children's Business Unit offer, e.g. continence, communication, sleep, social emotional mental health.	
	Review the progress of the current pathways already in development and map these out and join them up where they overlap/duplicate across services thus improving service user experience and improving efficiency.	





**Objective 2:** Demonstrate the effectiveness of services through outcome and best practice

What does this mean?	How will we deliver this?	Progress
1. Continue research into outcomes to agree relevant outcomes for each service and agree how they should be recorded and reported.	Review the multiple outcome measures used through the business unit and agree outcomes to be used in pathways/services.	
	Ensure S1 architecture supports efficient inputs and reporting of outcomes in a meaningful and timely format.	
	Establish shared terminology across all pathways/services for outcomes and goals and links to EHCs.	
2. Continue to research and share best practice, striving to ensure that we have comprehensive packages of care and that all of this is evidenced across our pathways.	<ul style="list-style-type: none"> <li>• Establish working principles/steering group.</li> <li>• Reviewing our packages of care.</li> <li>• Re-designing if necessary.</li> <li>• Standardising packages of care.</li> <li>• Interlinking packages of care.</li> <li>• Flexibility of delivery.</li> </ul>	
3. Work with commissioners to focus on the outcome for the child/young person and family and what has been achieved, rather than just how time and money have been spent.	Revision of service level agreements.	

### Objective 3: Children and young people will have a positive experience of our services

What does this mean?	How will we deliver this?	Progress
1. Accessible, easy to understand referral routes into pathways with link to SPA.	Use the current engagement forums to understand how a multi-channel forum should operate and co-produce this with children, young people and families.	
2. Establish a children and young people's (including parents and carers) forum to advise us on strategy, service delivery and service developments.		
3. Work with children and young people to understand the type, range and level of information required and co-produce a new-look website.	One website page with our information accessible in a multi channel and branded way. Use a multi-channel approach to providing better information which includes YouTube, podcasts and incorporates robust cleansing and updating of the information we provide.	
4. Provide early intervention self-care which empowers children, young people and their families to look after themselves.	Continue to rollout the use of health coaching in designing goals with children, young people and families.	
5. Create a single front door (SPA) into the service.	Continue the work to co-locate and develop a shared referral point into all of our children's services. Incorporated into children's transformation programme.	
6. Capture and respond to experience of services in a children and young people appropriate way.	Using the Youth forum to guide the development of systems that best capture feedback that is timely and informative to services to promote continuous service improvement.	
7. Support children and young people to transition successfully into adult services.	<ul style="list-style-type: none"> <li>• Transition networking event.</li> <li>• Understand what Leeds Community Healthcare NHS Trust offer is in the children's business unit and adult services.</li> <li>• Preparing children and young people about adult services, systems and access.</li> <li>• Ensure pathways have preparation for adulthood element (+own pathway).</li> </ul>	
8. Consider a key-worker approach to help coordinate a child or young person's experience of several services.	<p>Use our engagement forum to understand what children, young people and families need in order to experience a more joined-up pathway and care experience.</p> <p>Review our pathways and workforce to see how best to deliver a key-worker approach.</p>	

**Objective 4:** Services will be delivered within budget, be cost effective, productive and value for money

What does this mean?	How will we deliver this?	Progress
<b>1.</b> Use external intelligence such as benchmarking information and reference costs to compare our provision and outcome against cost and where necessary take appropriate action.	Review appropriate national benchmarking data against our own services and pathways.  Develop a narrative for children, young people, families and commissioners which best describes our costs and value-added in terms of outcomes and reference cost, emphasising the benefit and quality of integrated pathway working.  Add in electronic patient record (EPR).	
<b>2.</b> Review support functions to services and ensure they provide excellent value for money and add to the experience of children and young people.	Complete a business-unit wide admin and estates review including phase two of electronic patient record developments.	
<b>3.</b> Work on productivity within each service with clear expectations regarding workload in place.	Establish a programme of work to review, improve and standardise improve productivity across pathways/ services.  Work to minimise (clinician) variation and maximise efficiency.	
<b>4.</b> Ensure we deliver within budget whilst being mindful of quality and outcomes.	Use existing capacity (clinical and non-clinical) to deliver revised pathways which deliver a measurable outcome and CiP where requested.	








## Objective 5: Retain and expand services (where appropriate) by being tender-ready and open to business development opportunities

What does this mean?	How will we deliver this?	Progress
1. Understand our costs (clinical and operating) relating to our offer.	Define our current offer for each service in readiness for opportunities in the non-NHS arena which particularly suit our experience and skill sets e.g. traded offer to schools, short breaks and personal budgets.	
2. Learn from best practice nationwide to ensure we provide evidence and outcome-based services.	Researching and visiting other children, young people and family services in the country which appear to offer integrated and coordinated care pathways for children, young people and families.	
3. Agree our contribution/overheads.	Understanding our service line reporting.	
4. Retain our CQC <b>good</b> rating overall, ensuring any necessary improvements are made in a timely way and be ambitious in our continuous service improvement and development to be <b>outstanding</b> .	Continue to improve and monitor our waiting times in line (or in excess of) with national and service level agreements.	
5. Understand the market and ensure we form and maintain excellent relationships with the whole range of commissioners.		
6. Work with other providers to ensure pathways are clear, seamless, avoid duplication and provide commissioner re-assurance on quality, patient experience and efficiency.		
7. Understand commissioning intentions for the short and longer term and be in a position with pipeline business cases to respond to new requests for service.	Identify order of services required to be tender ready using national and local intelligence. Ensure priority services are tender-ready (costing, activity, contracts).	
8. Work with local GP groups to understand the opportunities offered through the Five Year Forward View and commit to piloting new ways of working at local practice level to help reduce the workload and release time for more urgent need.	Identify pioneer opportunities with GP federations, school clusters and acute settings using SystemOne data for referrals and activity. Pilot and monitor (using PDSA methodology) new care models.	
9. Explore and exploit our offer to schools.	Map and define our current traded work. Identify potential for growth across existing and new services/pathways. Brand and market traded services.	

**Objective 6:** Services will have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people

What does this mean?	How will we deliver this?	Progress
1. Support the health and wellbeing of our staff.	<p>Ensure sufficient access to OH services, e.g. counselling, mindfulness.</p> <p>Line managers will be skilled in and supported to manage the health and wellbeing needs of their staff.</p> <p>Leaders will promote an ethos of health work-life balance through modelling of behaviours and support of appropriate flexible working.</p> <p>Development of a supportive pastoral and social support network (especially for newly qualified staff).</p>	
2. Create a workforce plan which reflects the current and changing health and wellbeing needs of children and young people that challenges traditional professional boundaries and roles.	<p>Develop and implement Children's Business Unit-relevant Nursing Strategy.</p> <p>Agree clear retention and career progression opportunities based on pathway development.</p>	
3. Develop roles for non-registered staff and explore further opportunities for skill mix.	Establish clear route for apprenticeship recruitment and development in pathways.	
4. Be explicit about the skills, competencies and behaviours required for every role and ensure the training and development plan equips staff accordingly for existing and new roles.	<p>Review and better define current job descriptions.</p> <p>Agree competencies across different bandings.</p> <p>Promote and provide examples of leadership roles and responsibilities at each AFC (Agenda for Change) banding.</p> <p>Adopt the Leeds Community Healthcare NHS Trust Preceptorship Programme, extending its scope to Allied Health Professionals (AHPs) and mentoring schemes which are profession specific.</p>	
6. Explore opportunities to share roles across partner agencies.	<p>Define horizontal and vertical cross-agency/partner opportunities.</p> <p>Develop rotational posts and/or secondment opportunities.</p>	
7. Embrace new ways of learning and development in order to develop and retain our staff.	<p>Promote coaching and shadowing opportunities</p> <p>Develop a comprehensive in-service Continued Professional Development (CPD) programme for Children's Business Unit staff which is pathway related.</p>	

**Objective 7:** Children and young people's services will maximise the potential of technology

What does this mean?	How will we deliver this?	Progress
1. Complete our ambition to have the same and shared electronic patient records (EPR) across all services.	Implementation of Phase 2 electronic patient record.	
	All services will be registered with and have access to the Leeds Care Record.	
	CAMHS will move to using SystemOne.	
2. Continue with our app development.	'Let me show you'	
	'Step Up'	
3. Work with partners to understand commercial opportunities, e.g. funding for development; promotion of our development to other providers.	Explore further opportunities for implementing further technological tools and resources.	
4. Explore opportunities for Skype consultations, texting and online live chat.	Identify services/pathways suitable as early adopters.	
	Explore how business delivery beyond direct clinical can be achieved through technology, e.g. meetings.	

# Appendix 3

## Leeds Community Healthcare NHS Trust children's services

- ICAN Hubs:
  - Child Development Centre
  - Occupational Therapy
  - Physiotherapy
  - Community Paediatrics
  - Paediatric Neurodisability Clinics
- ICAN Citywide Services:
  - Child Protection Medical Service
  - Growth and Nutrition
  - Adoption and Fostering
  - Springfield
  - Audiology
- CAMHS Services:
  - Crisis Team and Crisis Line
  - CAMHS Outreach Service
  - Transitions Team
  - Learning Disability Team
  - Community CAMHS Teams
  - Eating Disorders Service
- MindMate Single Point of Access
- MindMate Support Team
- Continuing Care and Health Short Breaks
- Inclusion Nursing Service
- Hannah House
- Children's Community Nursing Team
- Children's Speech and Language Therapy
- 0-19 Public Health Integrated Nursing Service
- Infant Mental Health
- Children's Community Eye Service
- School Immunisations Service

The Specialist Business Unit and Safeguarding Team also provides services to children, young people and families including Dental, Dietetics, One Adoption Therapist and Social Work Team, Children's Looked After Team, Podiatry and Leeds Mental Wellbeing Service.



# Appendix 4: Policy drivers

- [Transforming Children and Young People's Mental Health Provision: a Green Paper \(2017\)](#)



- [Future in Mind: Leeds \(2021-26\)](#)



- [Health Equity in England: The Marmot Review 10 Years On \(2020\)](#)



- [Healthy Leeds Plan \(2021\)](#)



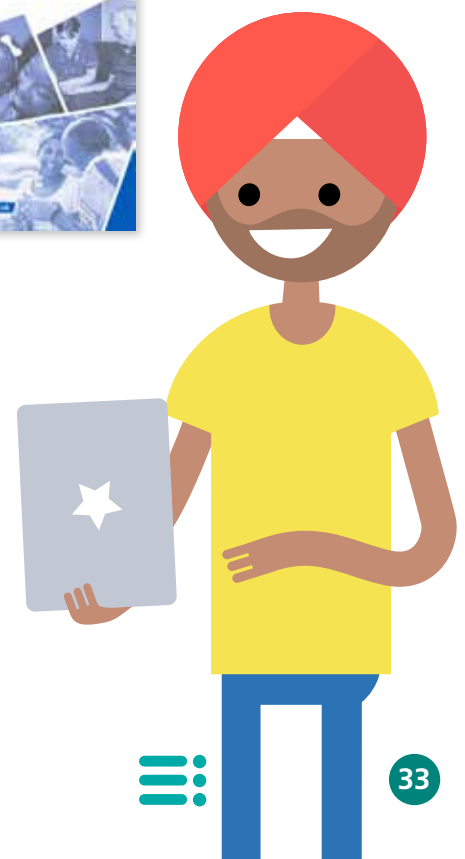
- [Best Start in Life and Beyond \(2021\)](#)



- [NHS Long Term Plan \(2019\)](#)



- [Best Start in Speech, Language and Communication \(2020\)](#)





# Appendix 5

## Children's services plan on a page

### Our mission statement

We enable children and young people to meet their potential and live healthy lives by:

- Keeping children safe.
- Helping children achieve their goals by listening and responding to their needs.
- Empowering children and their families.
- Helping children to participate.

### Our behaviours

At LCH, our vision is to provide the best possible care to every community we serve. We will do this by:

- Caring for our patients.
- Making the best decisions.
- Leading by example.
- Caring for one another.
- Adapting to change and delivering improvements.
- Working together.
- Finding solutions.

### How we'll know if we've made a difference

#### Children, young people and families will tell us:

- They've experienced accessible and seamless services.
- They have seen the right person at the right time with the right skills.
- Their outcomes for education, health and wellbeing have improved.
- They are actively involved in their care.
- They feel included in service developments that are tailored to everyone's needs.

### Our eight strategic objectives



**1** Agree and develop fully integrated offers for children and young people in Leeds

**2** Demonstrate the effectiveness of services through outcomes and sharing best practice

**3** Children, young people and families will have a positive experience of our services

**4** Services will be delivered through a fair days work, within budget, be cost effective, and value for money

**5** Retain and expand services (where appropriate) by being tender-ready and open to business development opportunities

**6** Services will have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people

**7** Maximise the potential of technology

**8** Make children and young people's services a wonderful place to work and first choice appropriate employer by investing in the health and wellbeing of our workforce

# Appendix 6

## Implementation Plan

This is our annual implementation plan that will be renewed yearly in collaboration with our staff and children, young people and families.

1

Agree and develop fully integrated offers for children and young people in Leeds

### Aims

**Delivery of phase 1 offers:** Launch all Phase 1 offers for children, young people and families (communication; behaviour; eating, drinking and nutrition; continence; sleep)

**Building a CYPF front door:** Develop a single point of referral for all children, young people and families physical health services to allow referrers a pain-free route into our services.

**Scoping out options for Tics Pathway:** Develop a blueprint for the offer in-line with website design that allows for an implementation project to be scoped.

**CBU manuals and handbooks:** Each service will have a fully developed handbook that describes its offers and pathways, the services that it offers, key partners and other core information for staff, including links to other core documents. These will sit within an overarching Business Unit Manual that describes all offers, and core processes that should be followed.

**Development of children and family hubs:** Collocate children, young people and families services within shared office and clinical accommodation.

2

Demonstrate the effectiveness of services through outcomes and best practice

### Aims

**Embedding outcome measures:** Ensure that each team within the Children's Business Unit has embedded the most appropriate outcome measures, using digital solutions where possible, to be routinely reported within performance management processes and to ensure new and existing offers have clear outcome measures.

**Research active and evidence-based workforce:** TBC – link into our capabilities for delivering offers.

3

Children and young people will have a positive experience of our services

## Aims

**Improving transitions to adult services:** Bring people together across CBU to develop guidelines for our clinicians that can lead towards consistency in practice, starting with children with complex needs and develop a map of the As Is offer across the business unit to be able to feed this into the Children's Pathways Group.

**Average waiting time reporting:** Develop a routine reporting process internally to allow services and administrators to see current waiting times monthly.

**Improve communication with patients on waiting lists:** Further improve our communications for service users receiving care, to clearly let families know how long they might be waiting, what they can do in the meantime, and what to expect when seen (linked into offers), ensuring that communications are accessible to all patients.

**Engagement reporting:** Develop routine reporting mechanisms of patient feedback into key decision making forums.

**Setting up a parent forum:** Set up a Parent Forum and task the group to help inform how we gather feedback from families that can inform service development.

**Further develop our Youth Board:** Ensure that our Youth Board can attract a diverse range of members, and can begin to take on board functionality.

4

Services will be delivered within budget, be cost effective, productive and value for money

## Aims

**Implementing 'A Fair Day's Work':** All services will have clinically appropriate productivity benchmarks for all clinical staff, based on role, experience and caseload size that can be routinely monitored, to allow service managers to predict and plan care activities, and compare productivity against national peers.

**Deliver improvements to SystemOne:** Ensure priority areas for development are co-ordinated with service activities.

**Restarting the 0-19 antenatal offer:** The service would restart the Universal Antenatal offer within PHINS in full, with a redesigned workforce model across the entire contract, that can be successfully recruited to, that has involved all relevant stakeholders.

**Restarting the SLT mainstream offer:** The service would be able to return to a full clinical offer within the mainstream service.

**Centralising training admin support:** To ensure that the administration of external training courses can be organised in consistent and efficient ways, without taking up the time of clinicians who currently run these courses.



5

Services will have a workforce that is skilled and competent to meet the changing health and wellbeing needs of children and young people

## Aims

**Develop a workforce plan:** Develop a plan that ensures all services have the correct capacity and skills to meet the demand required by Offers, which also allows greater career progression for all disciplines, as well as improvements to preceptorship, opportunities to engage in service development and secondments, and ensure that we have a comprehensive apprenticeship offer for new starters, career changers, and those wishing to progress, and including development of leadership.

6

Retain and grow our services

## Aims

**Retain the 0-19 service contract:** Secure an extension of the contract for the next 2 years that remains as close to the original terms and conditions as possible, by contributing effectively and positively to the PHE review process with the support of the organisation.

**Children's Inclusion Nursing Traded Offer:** To test the market for a potential Inclusion Nursing Traded Service, to ensure settings have access to a dedicated service specifically designed to meet the everyday care needs of children, leading to its successful design, marketing and launch.

**Invest in the health support into the increasing SILC provision across the city:** Investigate if any new SILCs are being built that will require additional nursing needs and develop the most appropriate service models and staffing requirements via business cases.

**Invest in pre-school and school-age autism assessment pathways:** Ensure strong links with the ICS-led review into these services whilst working in partnership with private providers to deliver maximum capacity to the city.

7

Maximise the potential of technology

## Aims

**Digitising our training offer:** Identify which of our external training packages could be delivered via a video rather than face-to-face, and ensure that initial videos are made.

**Improving access to our self-management resources:** As our offers are developed, ensure that As Is Self-Management Resources are available both digitally but also in print via local community services (Libraries, LCPs, Children's Centres, Schools).

**Develop a CBU-wide social media team and presence:** To develop CBU social media followings allowing us to share health-related content directly with young people in formats they find accessible.

8

Make children and young people's services a wonderful place to work and first choice appropriate employer by investing in the health and wellbeing of our workforce

## Aims

**Health and wellbeing:** Continue to develop health and wellbeing champions in every service.

**Trauma-informed practice:** Ensure that all Children's Business Unit staff can access an initial high-level briefing session on these concepts (trauma-informed practice).

**Flexible employment:** Ensure staff are aware of the flexible employment options available for a positive work-life balance.



**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (14)**

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**Title: Infection Prevention and Control Annual Report 2021- 2022**

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**Category of paper: for approval**  
**History: Quality Committee 23 May 2022**

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**Responsible director: Executive Director of Nursing and Allied Health  
Professionals**

**Report author: Head of Infection Prevention and Control and Deputy DIPC**

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## Executive summary

To inform the Board of the achievements in 2021-22 and to comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

The report covers the period 1<sup>st</sup> April 2021 to March 31<sup>st</sup> 2022 and provides information on:

- IPC activities undertaken within the organisation and collaboratively with partners across the healthcare economy inclusive of the cooperation partnership agreement and additional commissioned services.
- Description of the (IPC) arrangements.
- Healthcare Associated Infections (HCAI) statistics and surveillance.
- Forthcoming IPC programme 2022/23.

The following are key elements of the infection prevention activity and performance during the period of April 2021 to the end of March 2022.

- The Trust has had zero methicillin-resistant *Staphylococcus aureus* (MRSA) assigned bacteraemia cases during the year.
- The Trust has had zero assigned *Clostridioides difficile* case during the year.
- The Trust has had zero assigned *Escherichia coli* (E. Coli) gram negative bacillus bacteraemia case during the year.
- The Trust has achieved 92% of all staff members being up to date with infection Prevention and control training.
- The Trust achieved 64% of front-line staff vaccinated against influenza.

## Main issues for consideration

- The continuation of provision in relation to the global pandemic: Covid-19 and the enhanced delivery of IPC throughout the Leeds system.
- The continuation of surveillance of HCAI's throughout Covid-19 including methicillin-resistant *Staphylococcus aureus*, *Clostridioides difficile* and *Escherichia coli*.
- Continued expansion to the 'Cooperation Partnership Agreement' between LCH and LCC for IPC provision and restructuring of the IPC Service.
- The continuation of evolving health inequalities throughout the population we serve that impact on the health promotion in relation to IPC.
- Continuation of the collaborative working that IPC have made with partners across the city and wider, inclusive of the Partnership Cooperation Agreement with Leeds City Council.
- The continuing difficulties that the team face in achieving the 90% target for the seasonal staff influenza programme.
- The burden of needle stick injuries throughout LCH and inappropriate use of needle safety equipment sometimes resulting in harm.
- Work completed around antimicrobial resistance and sepsis prevention.

## Recommendations

Trust Board is recommended to note the contents of this report and approve its publication.

# Infection Prevention and Control (IPC)

## Annual Report

2021 – 2022



**Report compiled by Head of IPC and Deputy DIPC with contributions made by members of the IPC Team.**

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## **Executive Summary**

This document forms the Infection Prevention and Control (IPC) annual report on Healthcare Associated Infections (HCAI) within Leeds Community Healthcare NHS Trust (LCH).

The aim of this report is to provide information and assurance to the Board that the Infection Prevention and Control Team (IPCT) and all staff within the Trust are committed to reducing HCAI's and that LCH is compliant with current legislation, best practice and evidenced based care in line with Care Quality Commission (CQC) criterion and the Health and Social Care Act (2008).

The report provides information on:

- IPC activities undertaken within the organisation and collaboratively with partners across the healthcare economy during Covid-19.
- Description of the (IPC) arrangements.
- HCAI Surveillance.
- Forthcoming IPC programme 2022-23.

## **Key Achievements 2021/2022**

During the past year the Trust has maintained and achieved in the following areas:

- Increased activity of work in relation to the Covid-19 pandemic, supporting services citywide, including the provision of testing and Covid-19 vaccination.
- Continuing compliance with the CQC criterion relating to Infection Prevention and Control (IPC).
- Hugely successful collaborative working across the healthcare system and working towards the Partnership Cooperation Agreement with Leeds City Council.
- Second year of increased funding from Leeds City Council - Increased funding capacity and restructuring of IPC service provision and restructuring of the IPC team.
- Vaccinating 64% of frontline staff in the Seasonal Staff Influenza Campaign and being recorded as highest uptake in West Yorkshire.

## **Key Risks**

- Major infection/outbreak/pandemic – this is a risk for any service. There were several outbreaks of infection this year throughout the healthcare economy including TB, Avian Influenza and the ongoing heightened activity in response to the Covid-19 pandemic, which focused our attentions on isolated staff outbreaks as well as wider provision of specialist knowledge in relation to workplace outbreaks in collaboration with Environmental Health.
- During Covid-19 whilst the IPC team have continued the surveillance around the Gram negative Blood Stream Infection (GNBSI) agenda it has been difficult to engage with the public to undertake health promotion, whilst many services such as luncheon clubs were closed during lockdown.

## **Key plans for 2022-2023**



The IPC programme aims to continuously review and build on existing activity. This is driven by local needs, whilst incorporating and complying with the latest Department of Health (DH), UK Health Security Agency (UKHSA) and relevant strategy and/or regulation(s).

- From July 2020 expansion to the Partnership Cooperation Agreement with Leeds City Council as a result of the increased work in relation to Covid-19, including track and trace, outbreak support, testing provision and vaccination support.
- Continued education on the standards relating to antimicrobial stewardship guidance in line with the UK's five-year national action plan – 'Tackling antimicrobial resistance 2019–2024 from the Department of Health'.
- Co-ordinating the seasonal staff influenza campaign which aimed to vaccinate 90% of frontline staff and ensuring that staff are fully briefed on the prevention, detection and management of Influenza in line with the 2022 - 2023 CQUIN target set by NHS England.
- Collaborate with the Leeds Healthcare economy on the implementation of a work plan to reduce the number of Gram-negative E. coli bacteraemia and aim to reduce incidence by 10% in accordance with Department of Health and NHS England / Improvement programme. We continue to maintain a zero tolerance to preventable healthcare associated infections such as MRSA and *Clostridioides difficile*.
- Continue to promote knowledge and compliance with hand hygiene practice and other standard infection control precautions through education, increased audit activity, risk assessment and planned action in relation to environmental or cleanliness issues.
- Work collaboratively across the Leeds Healthcare Economy to support staff to identify correct detection, reporting and management of sepsis: with an emphasis on improving awareness of sepsis signs, symptoms and management.
- Continued support and guidance provided to front line staff in the use of sharp safety devices and the prevention of needle related incidents. This requires continued engagement with all business units particularly adults and specialists.
- Collaborative work with Estates around Implementation of the National Cleaning Standards throughout LCH and actioning risks identified in the Waste Audit undertaken in July 2021.

## **Annual Infection Prevention and Control Report**

### **1. Background**

This report is a requirement under the '[Code of Practice](#)' of which Criteria 1 states *that 'the nominated Director for Infection Prevention and Control (DIPC) is to prepare an annual report on the state of healthcare associated infections HCAI in the organisation for which he or she is responsible and release it publicly.'* This report has been produced by the Head of Infection Prevention and Control and Deputy DIPC on behalf of the DIPC.

Leeds Community Healthcare NHS Trust recognises the obligation placed upon it by the Health Act 2006, (updated 2008, 2012, and 2015), that the prevention and control of infection continues to be a high priority for the Trust. There is a strong commitment throughout the organisation to prevent all avoidable HCAs. In addition:

- Reporting requirements for the annual report are pre-set by the Department of Health.
- The Trust has registered with the CQC as having appropriate arrangements in place for the prevention and control of healthcare associated infections.
- Significant input from the IPC Team to support this year's influenza campaign with improved uptake of vaccine in staff groups.

The Trust supports the principle that infections should be prevented wherever possible or, where this is not possible, minimised to an irreducible level and that effective systematic arrangements for the surveillance, prevention and control of infection are provided within the Trust.

The Code of Practice requires that the Trust Board has a collective agreement recognising its responsibilities for Infection Prevention and Control. The DIPC has overall responsibility for the control of infection and this role is undertaken by the Executive Director of Nursing and Allied Health Professionals. The DIPC attends Trust Board meetings with detailed updates on infection prevention and control and escalations as required.

The Trust Infection Prevention and Control Group (IPCG) is held quarterly and is chaired by the head of IPC and Deputy DIPC. IPC performance and concerns are escalated at the quarterly 'Quality Assurance Information Governance' (QAIG) meeting.

The IPC service is provided through a structured annual programme of work which includes expert advice, audit, teaching, education, surveillance, policy development and review as well as advice and support to staff, patients and visitors. The main objective of the annual programme is to maintain the high standard already achieved and enhance or improve on other key areas. The programme addresses national and local priorities and encompasses all aspects of healthcare provided across the Trust. The annual programme is agreed at the IPCG.

The 'Partnership Cooperation Agreement' and annual IPC plan will be monitored through quarterly cooperation review meetings with a governance structure in place, as well as the Infection Prevention and Control Committee (IPCC) and the Quality Assurance and Improvement Group (QAIG). Table 1 outlines several internal and external IPC related meetings.

Quarterly Meetings	Monthly Meetings
IPCG (LCH)	Clinical and Corporate Policy Group (CCPG)
Attendance at HCAI Meeting (Citywide)	
Attendance at Health Protection Board (LCC led)	<b>Annual</b>
Cooperation Review Meeting (LCC/LCH)	IPC Annual Report for approval
Attendance at Quality Assurance Information Governance (QAIG) LCH	IPC Annual Plan for approval
Attendance at Health and Safety Group (LCH)	Cooperation Agreement Governance Annual Review (LCC/LCH)
Attendance at Water Safety Group (LCH)	
Antimicrobial resistance (LCC/ICS)	

**Table 1: Governance Meetings**

## **2. Performance**

### **2.1 Surveillance of Healthcare Associated Infections (HCAIs)**

This section of the annual report provides insight into the current Healthcare Associated Infection (HCAI) burden actions taken to improve practice and patient safety linked to:

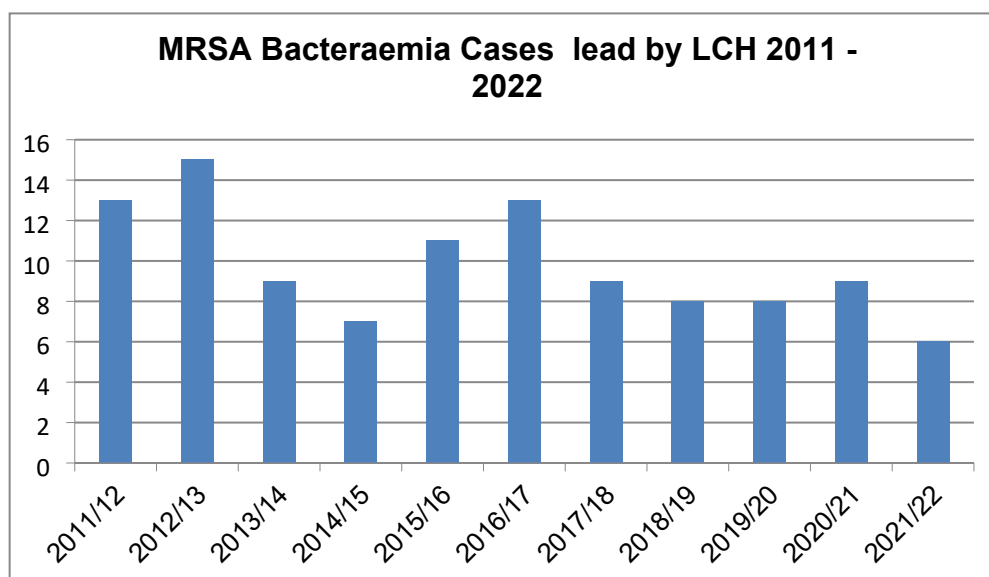
- Meticillin-resistant *Staphylococcus aureus* (MRSA) blood stream infections (BSI)
- Gram Negative Bacteria (GNB) specifically *Escherichia coli* (E. coli)
- *Clostridioides difficile* infection (CDI) previously known of as *Clostridium difficile*

Although there are no specific government mandatory targets for individual community care organisations for the incidence of meticillin-resistant *Staphylococcus aureus* (MRSA) and *Clostridioides difficile* infection (CDI), LCH has worked with in locally agreed targets for a number of years. These targets included no more than 2 cases of MRSA bacteraemia and 3 cases of CDI being directly attributed to LCH where a multiagency review identifies lapses in care that have directly contributed to the infection episode.

Although centralised, national targets for Gram Negative Blood Stream infections (GNBSI's) have not been overly publicised, "Tackling antimicrobial resistance 2019–2024" states the aim to half all-health care associated GNBSI's and LCH continues to work towards this target.

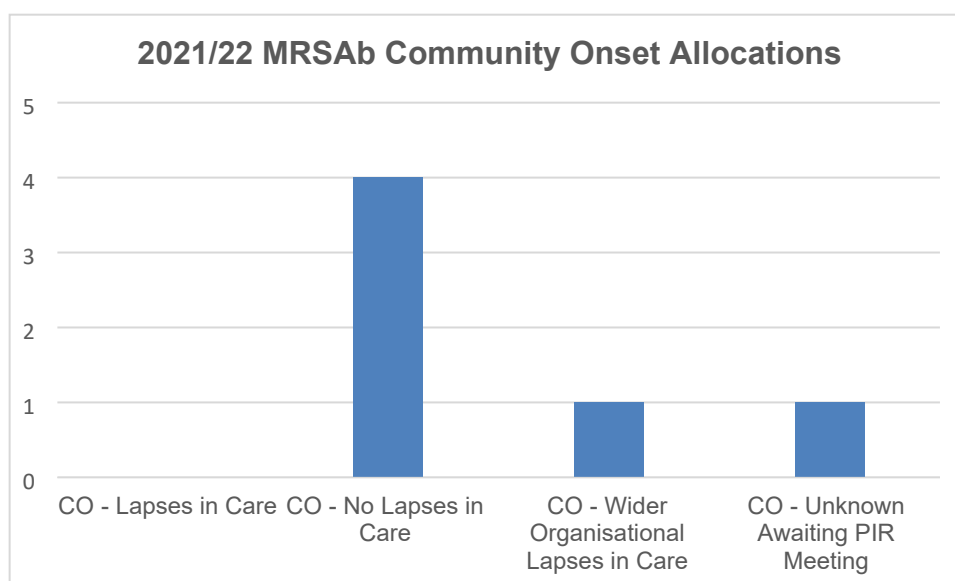
#### **Meticillin-resistant *Staphylococcus aureus* (MRSA)**

During the report period a total of five cases of MRSA bacteraemia have been reviewed by the Leeds Community IPC Team, this is the lowest levels of MRSA bacteraemia LCH has seen since recording commenced in 2011 (figure 1).



**Figure 1. Annual MRSA Bacteraemia cases identified within 48 hours of admission to Secondary Care (2009 – 2012)**

During the report period there has been zero cases of MRSA bacteraemia assigned to LCH in which lapses in LCH care have directly contributed to the infection episode. There have been four cases identified as having no lapses in care from any organisation and one case has lapses identified from the wider organisations. One case is currently identified as lapses unknown as the Post Infection Review (PIR) meeting has not yet been completed (figure 2).



**Figure 2. Allocations of community onset MRSA Bacteraemia cases following Post Infection Review (2021/22)**

Following on from the Covid-19 pandemic and in line with returning to normal working, PIR meetings are aimed to be conducted within 14 working days from identification of infection. However, due to pressures throughout the health and social care system at present, this sometimes proves difficult. Meetings continue to be conducted in a virtual format using Microsoft Teams.

The IPCT have also reviewed a further four cases identified as having an acute care assignment at Leeds Teaching Hospital Trust. Since Covid-19, LCH IPC is not routinely

invited to attend acute care onset PIR meetings at present but continue to share information and review cases collaboratively when required.

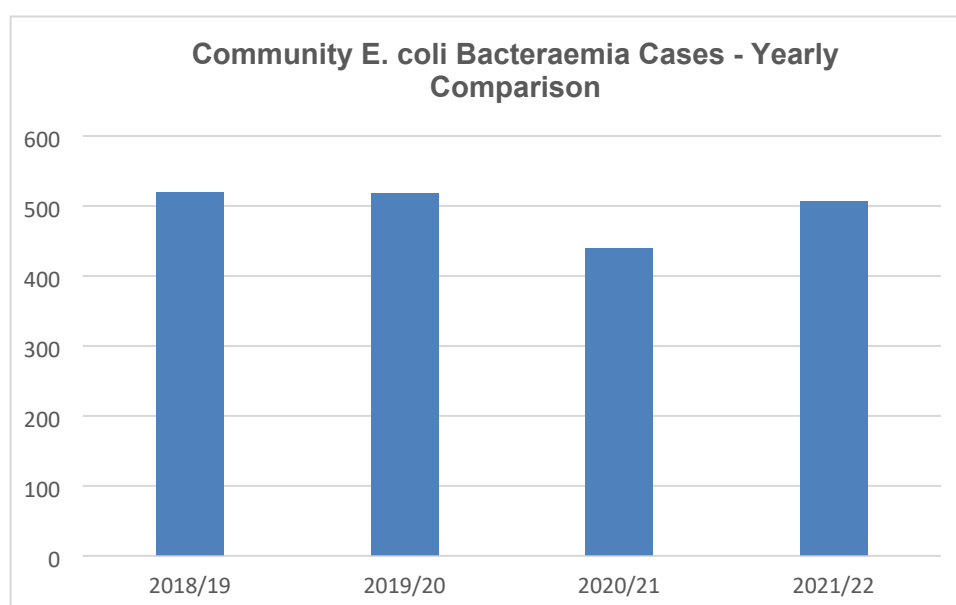
## Learning from MRSA Post Infection Reviews

As previously stated, all reported cases of MRSA bacteraemia within the wider community health economy are subject to a full PIR, which aims to identify the root cause of the infection – where possible, and any healthcare contributing factors.

Within the wider community health economy there have been a variety of predisposing risk factors identified in MRSA bacteraemia acquisition. These have primarily related to underlying medical conditions such as chronic wounds or a previous medical history. Learning identified mostly related to improved communication between services and timely screening or swabbing.

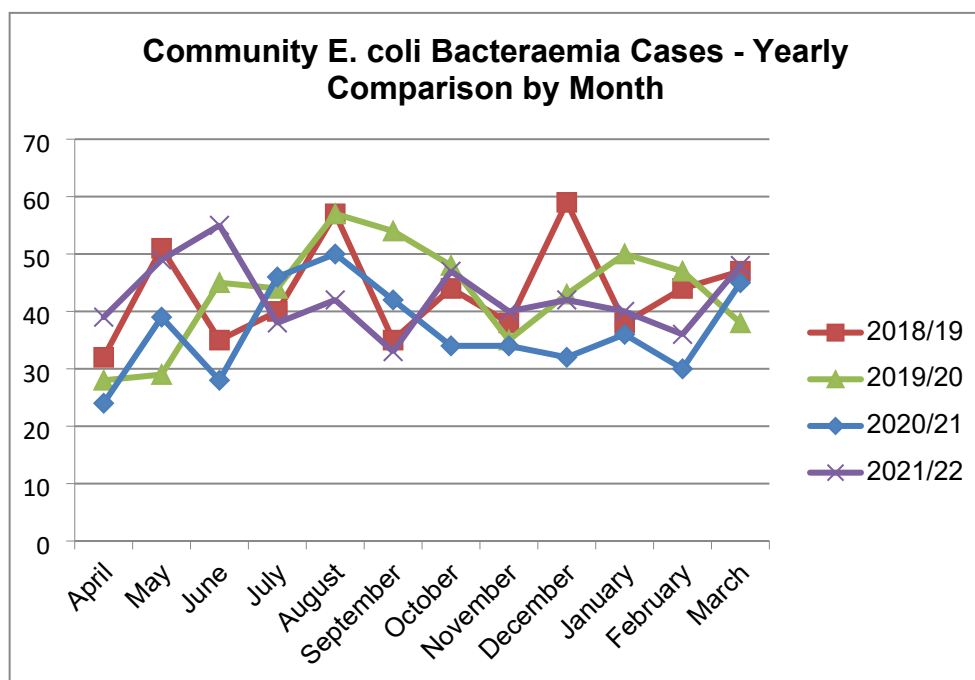
## Gram Negative Bloodstream Infection programme of work

During 2021/22 LCH began to plan the recommencement of work to half Gram Negative BSI burden in Leeds by 2024 as outlined in [The UK's five-year national action plan \(HM Government, 2019\)](#). Root Cause Analysis (RCA's) are conducted for 10 community acquired *E. coli* bloodstream infections (BSI) identified with LTHT each month and additional information is added to HCAI Data Capture System. The remaining community acquired *E. Coli* BSI identified which do not undergo RCA, are subject to some investigation (likely source, geographical location, age, community involvement), this information is not added to the DCS but does contribute locally by identifying areas in which reduction work should be focused.



**Figure 3. Community onset E. coli bloodstream infections per year 2018/19 - present**

2021/22 saw a total of 507 cases which is an increase of 67 cases (15%) compared to 2020/21 and an decrease of 11 when compared to 2019/20 (figure 3 and 4). However, it is important to acknowledge that the significant decrease in cases for 2020/21 may be directly related to Covid-19 restrictions. Stay at home and hand washing messages were widely and continuously shared within this year; isolation from others and lack of socialisation may have had an impact on reported cases. Within 2021/22 the public massaging was focused around returning to normal and dramatically reducing covid restrictions leading to an increase in socialisation which may have also had an impact on acquisition and reporting.



**Figure 4. Monthly Community onset E. coli bloodstream infections per year 2018/19 - present**

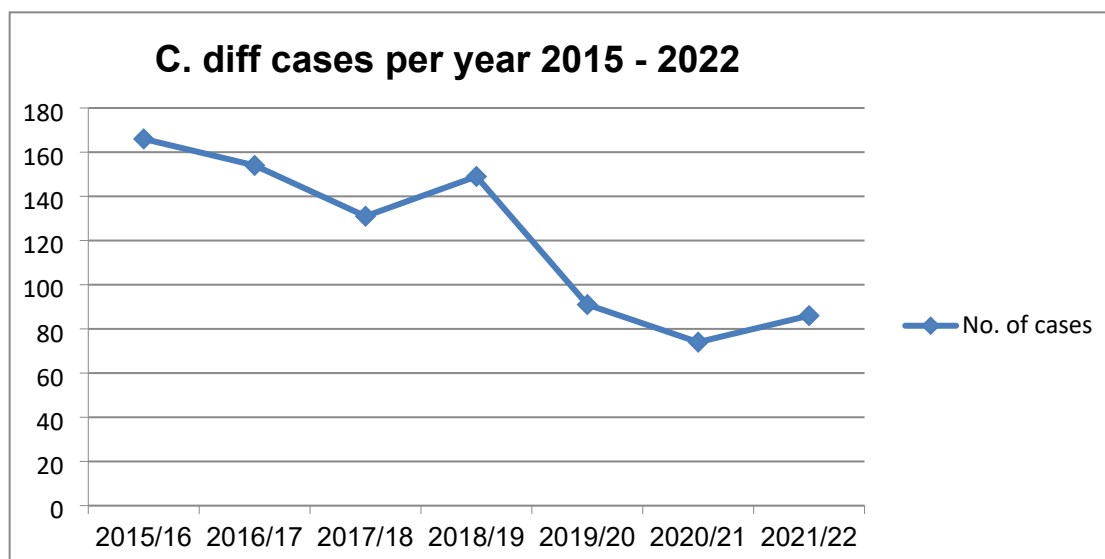
Due to the ongoing Covid-19 pandemic and the need for social distancing, reduced numbers gathering, and the pressures seen in LCH community services and the care home sector from Covid-19 outbreaks, it has been difficult to undertake any robust patient facing behaviour change work this year. Events for antibiotics awareness and IPC week were conducted both internally for LCH staff and within the community for the general public, but these events were much smaller and more scaled back than in previous years. However, following the relaxation of covid-19 measures and the commencement of “Living with Covid”, 2022/23 will focus more on reduction work through patient engagement and behaviour change.

Work planned for the upcoming 2022/23 year which focuses on reducing the incidence of E. coli BSI includes:

- A review of the “I Spy E. coli” publications. New, updated publications will aim to be created and shared throughout the Leeds health economy, this will provide a fresh, memorable take on the information staff and patients are already used to seeing.
- Undertaking patient and staff facing awareness campaigns for E. coli, hydration, and personal hygiene over the winter and summer seasons.
- Antibiotic awareness and sepsis awareness events both internally to LCH and public facing. Staff facing awareness will take place in LCH health centres (with a focus on those which have high footfall and may not usually be identified as a place to raise staff awareness), and public facing events will again take place in high footfall areas of the city, in partnership with LCC and CCG colleagues. Local supermarkets were used for awareness campaigns this year with some success. These areas will aim to be used again to attract the attention of those people who do not frequently attend health or social care locations.
- Relaunch of the Care Home Hydration collaborative, the first cohort of which is due to commence 5<sup>th</sup> April 2022.
- Plan and discuss returning to lunch clubs to promote hydration and E. coli awareness.

## ***Clostridioides difficile* infection (CDI)**

Within the report period, 87 CDI cases were identified as community onset, again, this number is set to change due to the report being written prior to the end of the financial year. This is an increase of 13 cases so far when compared to 2020/21. The 2021/22 financial year saw no cases of CDI assigned to LCH in-patient areas.



**Figure 5. Community onset CDI cases identified each year 2015 - 19**

Within the wider community healthcare economy, the common themes and risk factors relating to CDI have not changed dramatically throughout the years. Multiagency work continues to address the incidence of CDI infection within the Leeds area and a city-wide action plan is in place.

Due to the pandemic 'The Gram-Negative Collaborative Working Group' were unable to meet throughout the 2020/201 year; however, these meetings will be recommenced in the new financial year. This group continues to involve professionals from across all Leeds NHS trusts and other partners including LCC, GP confederation, private, and voluntary care sectors.

## **2.2 Personal Protective Equipment (PPE) Provision**

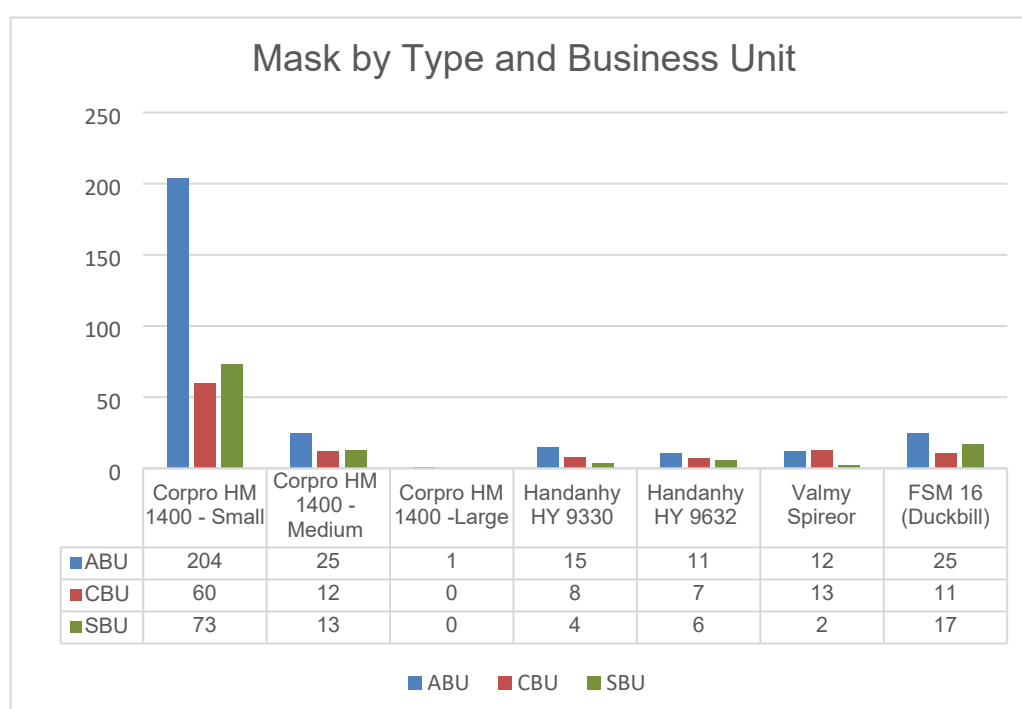
### **PPE Team**

- The centralised PPE push stock system continues to work well and has ensured there is always a consistent supply of PPE available for all staff.
- This effective process is now embedded into daily working life and teams receive a delivery of PPE twice weekly to ensure the levels remain at the teams estimated weekly minimum.
- Front of house staff monitor central stores in designated health centres for many of the LCH teams, stock levels are reported by each base as a minimum twice weekly.
- Neighbourhood teams PPE supplies are not included in the central store supplies, these are managed and stock levels are reported by each individual neighbourhood team.
- Push stock will continue to be provided by the government until March 2023.



## Fit Testing

- The IPCT have continued supporting the PPE working group in providing specialist clinical advice.
- Throughout this reporting period, there have been difficulties accessing a single standard FFP3 mask due to the nature of supply. For that reason, the Trust has continued down the route of issuing out reusable Corpro half masks. The vast amount of respiratory protection is now managed via these reusable options (see figure 6). At the time of writing, LCH have 6 FFP3 options (1 reusable and 5 single use).



**Figure 6. Number of LCH staff Fit tested to each available FFP3 mask**

The IPC team have delegated the role of qualitative (hood and Bitrex) fit testing to several specifically identified team members, who have undergone Fit tester training, within each business unit. A large amount of work has been conducted to ensure there are appropriately trained personnel across all business units to undertake this tasking. To meet this demand, external trainers were brought into the Trust who have delivered Fit2Fit accredited training which is recognised as being the industry standard.

At present there are around 50 staff who have completed the qualitative Fit testing course and are able to competently deliver Fit testing. This is supplemented by the IPC team, which conduct quantitative (computer based) Fit testing for those who are unable to pass using the Bitrex method. This business unit lead method of fit testing should improve service members access to a timely service and reduce the Fit testing burden on the IPC team.

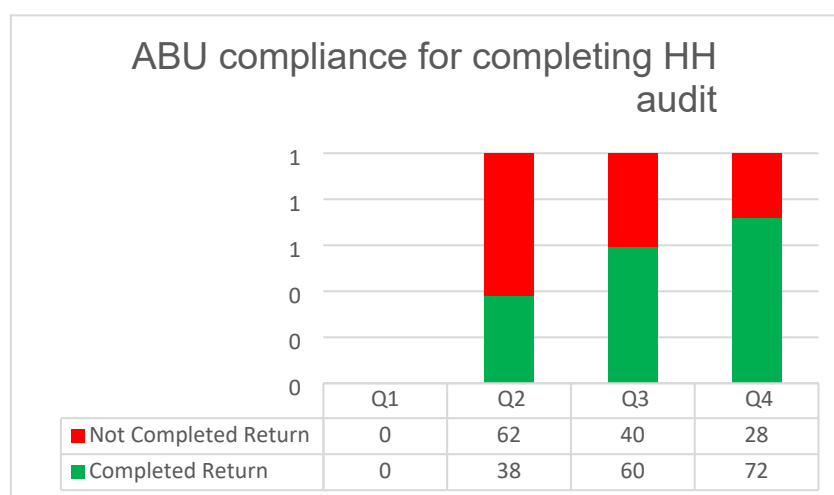
Work is also ongoing at present concerning how Fit testing information is stored and whether the Electronic Staff Register (ESR) can be utilised more effectively to store staff information regarding Fit testing and their reviews. This would aid GDPR regulations as data is currently stored on password protected spreadsheets and staff/ IPC team are taking ownership of when Fit testing compliance should be reviewed. It is hoped that ESR would be able to produce an automated reminder when Fit testing is due to expire – similar to that which is already in place for statutory and mandatory training.



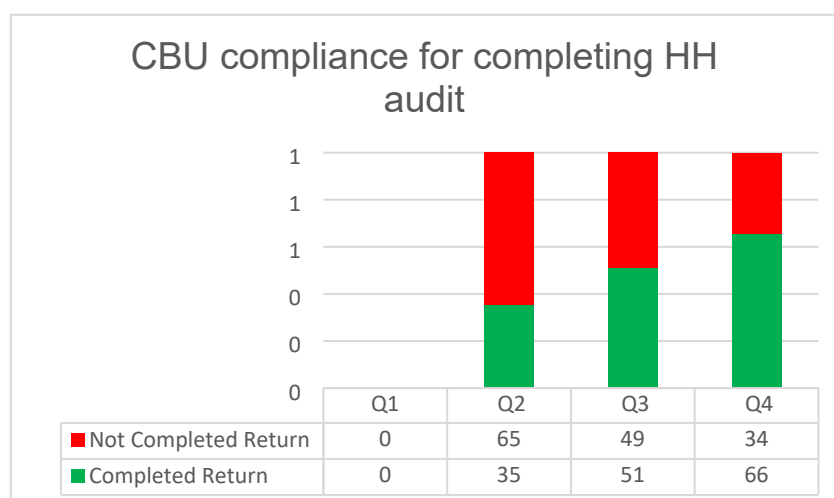
## 2.3 Hand Hygiene and PPE Compliance

Part way through the year it was decided to assurance all clinical staff had against hand hygiene, PPE and AGP PPE compliance. A tool comprising 3 sections was introduced and teams were expected to audit all staff quarterly.

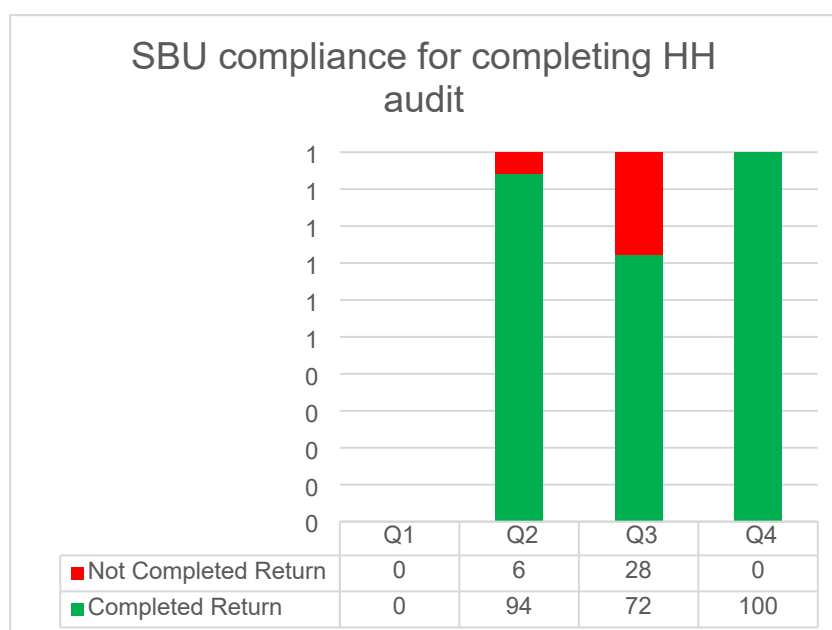
There has been a varied response across the Trust to these audits, and it has been difficult to quantify compliance in any meaningful way leaving any assurance less than optimal. It has been agreed that a more structured approach be investigated with a sample being audited on a quarterly basis with the emphasis on added value.



**Figure 7. ABU Hand Hygiene Compliance**



**Figure 8. CBU Hand Hygiene Compliance**



**Figure 9. SBU Hand Hygiene Compliance**

## 2.4 Leeds Health Care Record / PPM+

In November 2019 the reporting of laboratory specimen results migrated from the IC Net system to Leeds Care Record (LCR). All MRSA positive and *Clostridioides difficile* (CDI) positive samples for patients in the LCH community setting are reported to the IPC team on a daily basis through this electronic platform.

Each result was processed by adding a high priority alert/reminder on SystemOne. An IPC information task was sent to any LCH services currently involved with the patient, identified by any services with an open referral. The result was flagged up to the patient's GP by either a task on SystemOne, or a telephone call to those using a different healthcare record system, requesting that the patient be reviewed in light of the result. If the patient was a resident in a care home or nursing home the facility was contacted to inform of the result and offered appropriate infection control advice. GPs were signposted to the MRSA decolonisation guidance, available at Leeds Health Pathways.

Leeds Care Record is a joined-up digital care record which enables clinical and care staff to view real-time health and care information across care providers and between different systems. It is a secure computer system that brings together certain important information about patients who have used services provided by their GP, at a local hospital, community healthcare, social services or mental health teams.

## 2.5 Incident reporting

Every incident or near miss at LCH, whether clinical or non-clinical, must be reported to the Risk Management Team via the online electronic reporting system Datix®.

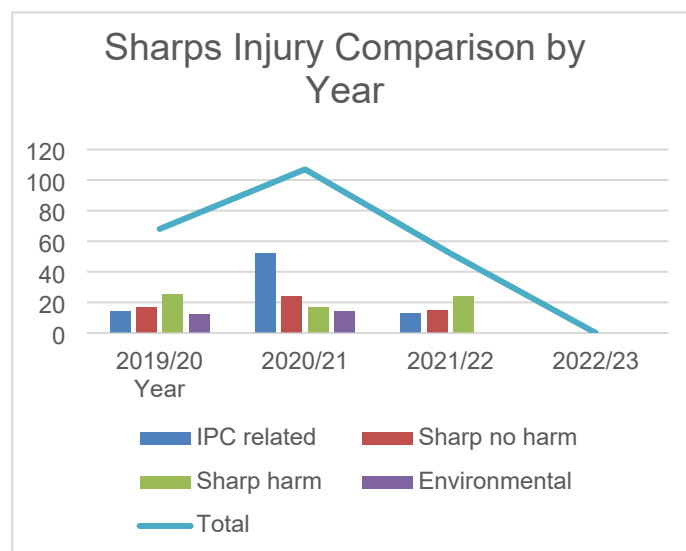
All incidents when reported are investigated by a team leader or line manager within the reporting area and documented in the Datix® system. The incident is further reviewed by a Datix® Specialist Reviewer from the IPC Team.

IPC act as subject matter experts for incident reports, their causes, and any identified themes and trends for 2021/22 in respect to infection prevention and control – including sharps

injuries and other identified related incidents. Any identified learning is shared both locally and organisationally where appropriate.

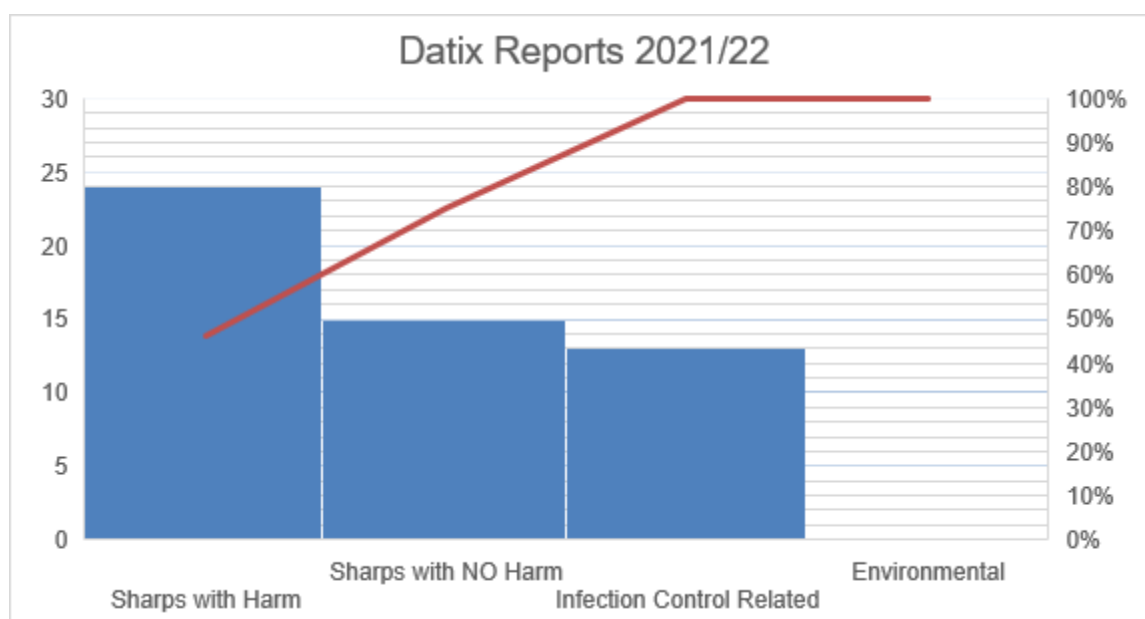
In total, there have been 52 reported incidents within the 2021/22 financial year. This is a significant reduction when compared to last year's total Datix® incidents reported of 107. However, 52 is on average comparative to data report prior to the pandemic. Last year the area with the highest reported incidents were infection control related concerns due to the Covid19 pandemic, this year the highest area reported was sharps incidents, (see table 2) a trend seen before the pandemic.

Incident	Year		
	2019/20	2020/21	2021/22
IPC related	14	52	13
Sharp no harm	17	24	15
Sharp harm	25	17	24
Environmental	12	14	0
<b>Total</b>	<b>68</b>	<b>107</b>	<b>52</b>



**Table 2. Breakdown of IPC related Datix reports by category 2021/22**

Using pareto analysis (see figure 10), sharps incidents, both with and without harm are identified as the vital few which must be the focus of 2022/23 to reduce IPC related Datix reporting. Further information can be found in the Sharps Incidents section below.

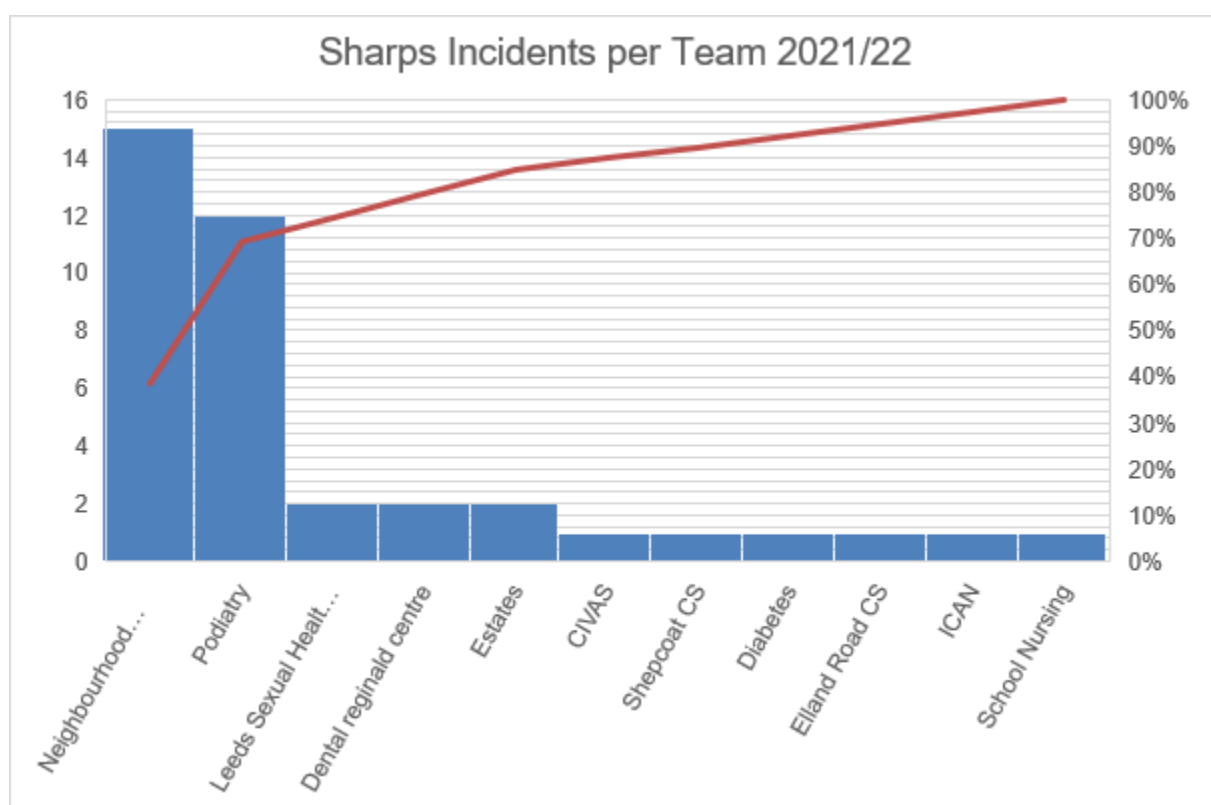


**Figure 10. Pareto chart of IPC related Datix reports by category 2021/22**

## Sharps Incidents

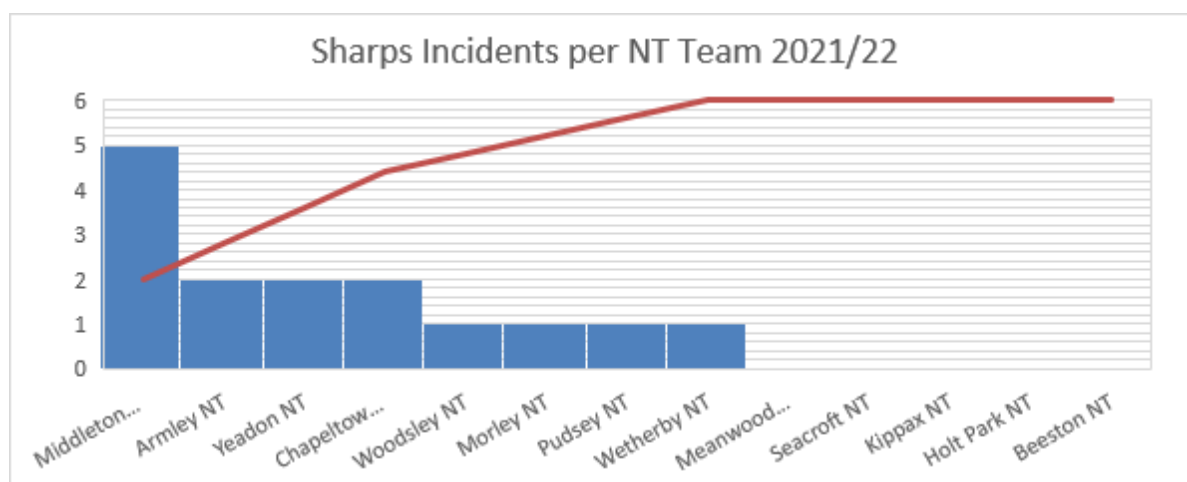
As previously noted, there have been 39 sharps related incidents reported via the Datix® reporting system during 2021/2022. This is a decrease of 2 incidents when compared to 2020/21.

Pareto analysis (see figure 11) identifies that the teams with the biggest sharps injury burden within the 2021/22 financial year are the Neighbourhood Teams (38%) and Podiatry (31%). Sexual Health and Dental – specifically at the Reginald Centre also appear within the 20% area with two incidents each this year; however, Estates has also reported two incidents this year and falls within the 80% area purely due to location on the graph.



**Figure 11. Pareto analysis of sharps incidents (with and without harm) per team.**

When broken down further, pareto analysis shows that the Neighbourhood teams (NTs) with the biggest sharps incident burden are Middleton, Armley, Yeadon, Chapeltown (see figure 12). (As with previous charts, Woodsley NT does fall within the 205 area however other NT's with the same number of incidents do not and this is purely due to location on the chart.) However, as sharps safety is a very important topic with potentially life changing ramifications due to a sharps incident, all work relating to sharps safety within the Neighbourhood Teams is shared with all teams, regardless of their incidence.



**Figure 12. Pareto analysis of sharps incidents (with and without her per NT team.**

Sharps safety remains a prominent topic within the mandatory IPC training sessions and all community staff are advised to carry a 'sharps safety kit' with them, including a sharps container, when visiting patients in case the stock is not available within the home. New posters relating to waste segregation have been created, PPE donning and doffing training has been provided and continuous working with the communications team to disseminate the most recent national IPC guidance has been sustained throughout the year.

The IPC team have continued to work tirelessly to provide advice, up to date guidance and training to the teams within LCH throughout the pandemic, however, in response to the number of NT sharps incidents which relate to the use of non-sharps safe devices, and could therefore have been avoided, the IPC team has approached all NCQL's to arrange time for IPC to provide update training for all frontline NT staff members, in an effort to reduce further avoidable injuries.

## Discussion and Actions

The incidents reported under each subcategory have been investigated and actioned accordingly as advised by the Datix® team;

- Further work to be undertaken by the IPC team to determine why there was sharp reduction in Datix figures compared to 2020/2021.
- All community staff are advised to carry a 'sharps safety kit' with them when visiting patients in case the stock is not available in the patient home, including a sharps bin.
- The IPC team have worked tirelessly to provide advice, up to date guidance and training to the teams within LCH throughout the pandemic
- The team identified a sharp increase in infection control related incidents and so worked to produce waste posters, donning and doffing training, PPE guidance and regular comms to keep staff up to date with guidance.

## 3. Outbreaks and other Communicable Disease Control (CDC)

### 3.1 Significant outbreaks with IPC response

An outbreak is categorised when there are two or more cases in the same area that are displaying the same/similar symptoms or microbiological confirmation of the organism. All outbreaks are reported to UK Health Security Agency (UKHSA). The IPC team have provided specialist knowledge in relation to a TB outbreak, Avian Influenza, Norovirus and Covid-19.

## **Covid-19 Pandemic**

In December 2019 an emerging virus was identified in Wuhan, China resulting in a global pandemic which remains ongoing. This is the first pandemic that LCH has had to manage (since the Swine Flu Pandemic in 2009) and preparedness for the evolving virus commenced in February 2020. Initially, this was lead via Infection Control and Emergency Planning but by March 2020 the international situation dictated a Trust wide response.

During 2021-2022 the pandemic has continued to demand a substantial amount of support across the Leeds healthcare economy from the IPC team. Challenges that we have encountered have been around;

- Capacity within the IPC team in response to the number of care homes that encountered an outbreak. Following Omicron an increase to 82 outbreaks throughout care homes in Leeds was identified
- Fit testing requirements through LCH
- The frequent changes experienced in national guidance
- Being unable to complete normal service delivery leaving potential gaps in assurance.
- Increase in reactive advice required citywide.

# Women-Only Vaccine Clinic Feedback

"Loving what you're doing with the vax drop in – will probably go there myself for my 2nd jab... I had AZ and it seems hard to get in Harehills... I was told to go to East End Park or town, which takes time, money and makes no sense. LS8 has so many communities who need it and aren't getting it. This is going to help lots... I'd love my 70+ neighbour to go – she's really scared, this is great work."

"Thank you for providing a much needed and incredibly important service!"

"Thank you for being inclusive. We love you for what you are doing for all women."

"Such a lovely and inclusive way to do this. Really wonderful and so important. Today I feel a little safer, a little more accepted in the world."

"As a resident in Harehills, I've found it baffling to get access to the vac – I don't have a car right now so being told to go out of area feels a big barrier – although I can walk to Chapeltown. It warmed my heart seeing the post about the women only vaccine clinic because it looks to fit human need rather than an impersonal system that assumes everyone has time, money and tech skills"

"I took my friend who lives in Harehills to the clinic because she was really nervous and had been vaccine hesitant for some time. Her priority though was seeing her family and keeping the community safe so she made the brave decision to have her vaccine. She was treated with huge respect and patience, and we were alone with the lady who was giving the vaccine in a private booth. I honestly don't think she would have ever had the vaccine if she had needed to book and find a location that wasn't near to her house. It gave her an easily accessible option and there was a very positive, happy vibe there, and... my friend can come back to the same place for her 2nd vaccine"



**WOMEN'S LIVES LEEDS**  
Empowering Women and Girls in Leeds

Over the past 12 months there have been several initiatives to promote a more holistic approach to vaccination of those hard-to-reach areas and the IPC team have been involved in leading specific vaccination "pop-up" sessions across the city.

Through a multidisciplinary working group, we reviewed the data and local insight to improve access to the Covid-19 vaccine. As a result of this a community-based women's only clinic was established in a culturally diverse area, currently experiencing lower uptake rates to see if a local offer would help support women to access their vaccine who had not yet done so via the GP led or citywide vaccination sites. Collaboratively a weeklong drop-in vaccine clinic in May 2021 was established, which 116 women being vaccinated. The clinic location was specifically chosen in a convenient, familiar, and trusted venue in the heart of North-East Leeds, an area with a high representation of culturally diverse communities.

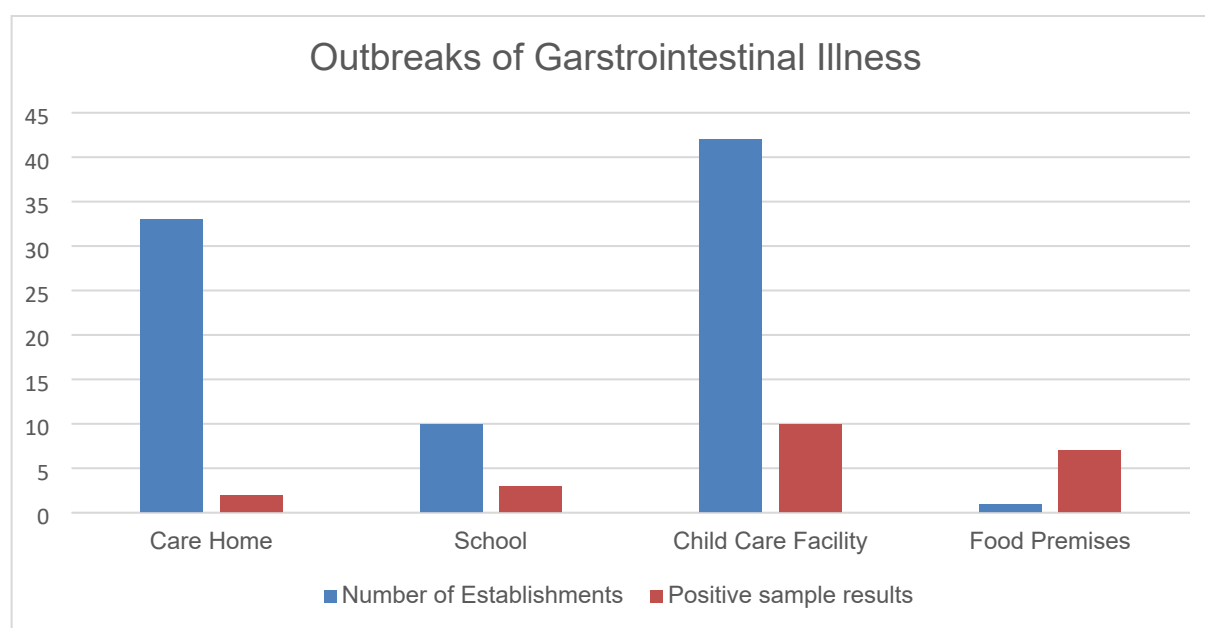
## 3.2 Communicable Disease Control (CDC)

### Outbreaks of gastrointestinal illness

With the continuing presence of Covid and resulting social restrictions, the number of outbreaks of gastrointestinal illness within Care Homes/ Schools and Child Care facilities continues to be less than pre pandemic levels. However, the incidence of G.I outbreaks has increased significantly compared to 2020/21, due to some social restrictions being lifted by the government, with March '22 in particular having 17 outbreaks reported to the team compared to 23 for the whole of the previous year.

Some of the outbreaks reported as potentially viral in nature, may have been incorrectly reported due to diarrhoea/vomiting being a soft sign of covid and reports of illness occurring at premises who were known to have positive covid cases.

### Establishments reporting outbreaks of gastrointestinal illness total outbreaks = 86



**Figure. 13 Outbreaks of gastrointestinal illness**

The predominant causative organism detected in sample results from the outbreaks was Norovirus, however, Adenovirus, Astrovirus and Sapovirus were also detected and 6 of the childcare facilities had 2 viruses causing symptoms concurrently. Clostridioides Perfringens was identified as the cause of symptoms at a food premises in Leeds with the unconfirmed but likely source being complimentary soup.

### Suspected food poisoning

There were 380 reports of suspected food poisoning which were reported electronically, via the FSA, or LCC self-service reporting systems. All suspected food poisoning reports are reviewed each day by the CDC nurse to detect any potential food poisoning outbreaks, and



cases are responded to accordingly. The numbers of reported suspected food poisonings has returned to pre pandemic levels but this has been affected less by the pandemic as many businesses have been allowed to operate as takeaways. Business support replied initially via email to all 380 complainants and 28 cases responded which required follow up by the CDC nurses.

## Positive Isolates

There have also been fewer confirmed imported gastric illnesses over the last year due to reduced numbers of people travelling abroad. However, this is continuing to rise again now with social activities/ holidays returning to pre pandemic levels with the relaxation of social restrictions.

The table below incorporates the confirmed positive isolates identified via faecal testing at LGI microbiology laboratory and Colindale Central Surveillance Centre. Positives isolates are contacted by telephone to offer advice, information and completion of a questionnaire which is disease specific. Significant organisms such as STEC, Typhoid, Paratyphoid and some shigella's require a same day response and may require exclusion from work/Child Care and follow up clearance samples if they are in a "risk group". Some contacts of significant organisms may also require advice regarding exclusion from work/childcare facility etc, until faecal samples have been arranged by the CDC nurse and confirmed as negative, to try to ensure reduced transmission of illness in community

Organism	Number of cases 2020/2021	Number of cases 2021/2022
<i>E.coli STEC</i>	7	12
<i>Typhoid/Paratyphoid</i>	2	3
<i>Cryptosporidia</i>	20	41
<i>Shigella</i>	8	6
<i>Salmonella</i>	46	54
<i>Campylobacter</i>	663	800
<i>Listeria</i>	2	1
<i>Giardia</i>	45	45
<i>Clostridioides Perfringens</i>	1	7
<i>Yersinia</i>	3	3
<i>Hepatitis A</i>	-	2
<b>TOTAL CASES</b>	<b>797</b>	<b>974</b>

Table 3. Organisms identified through Notification of Infectious Disease Reporting

## 3.3 Head Start Service

The IPC Team continues to provide a specialist service for the management of head lice (Headstart) infestations within the community. The service offers advice and support in cases of persistent head lice infestation. The main sources of referrals come through school staff, with additional referrals via school nurses, health visitors, social workers, and pharmacists.

The Headstart service has seen moderate activity during the 2021/2022 period with approximately 15 referrals throughout the year. The sharp increase in referrals compared to the previous year may be the result of Covid-19 regulations relaxing and schools being able to open as normal.

The service continues to encounter complex and challenging cases where children can present with severe head lice infestation in addition to other issue and safeguarding concerns. These families are often hard to engage and repeatedly fail to manage their child/children's head lice. These cases can be hard to resolve. It can be very difficult to get all family members together and frequently adult members of the family are reluctant to have their hair checked.

Access to free Hedrin via the Pharmacy First Minor Ailments Scheme continues to be highly significant in reducing the number of referrals by removing the financial barrier to obtaining treatment, while also directing parents for first-line advice to their local pharmacist rather than attending their GP Practice. Reports of pharmacies saying they do not participate in the provision of Hedrin as part of the Minor Ailments Scheme have ceased following CCG communication with the pharmacies.

Headstart visits continue to take place predominantly in the school environment wherever possible. This facilitates better engagement with parents/guardians and closer collaborative working with the school staff, particularly the learning mentors/child protection leads, who are the main source of referrals into the service. Visits are conducted in the home only in special cases when we are specifically requested to do or when this is the only remaining option available.

## **4. Environment**

### **4.1 Environmental Audits**

In November 2020, a new electronic auditing system – MEG was introduced. This is a single digital platform that has enabled, timesaving, mobile working for the auditing assurance process. The tool can be used for auditing LCH premises and specialities including care homes, specialist schools and prisons/custody suites all of which come under the LCH provision.

Auditing is a requirement of the Health and Social Care Act 2008, Code of practice for registered providers on the prevention and control of health care associated infections and related guidance. The code states that registered providers must audit compliance to key policies and procedures for infection prevention.

Data from the LCH auditing activity is used to applaud good practice, identify concerns and themes which are used to improve LCH environments, services and staff performance. These improvements will reduce the risk of transmission of healthcare associated infections to patients, staff and visitors.

### **Audit activity 2021-2022 – LCH premises**

The aim for 2021-2022 was to audit all 64 LCH premises which comprise of 27 Health Centres and 34 other sites as listed below. Audit activity has largely been able to resume as normal this year following interruptions over the previous 2 years due the Covid-19 pandemic.

- 27 health centres/clinics
- Community Neurological Rehabilitation Unit
- Rutland Lodge (Continence Urology and Colorectal/Long COVID)
- Leeds Sexual Health Centre
- Hannah House Residential Unit for children with complex health needs
- St George's Centre for Musculoskeletal (MSK) and Children's Outpatients
- Leeds Assisted Living Centre
- Wetherby Young Offenders Institute and Adel Beck Secure Children's Home (HMPs)

- 15 Police custody suites in North, South, East and West Yorkshire
- 4 Special inclusion learning centre (SILC) schools
- 3 Recovery hubs
- 3 MSK units: Wharfedale Hospital; Chapel Allerton Hospital; Sunfield Medical Centre

Auditing of 56 premises was achieved during the 2021-2021 period. \* locations were unable to be audited due to cancellations as a result of either outbreaks or staffing. Locations audited as listed below:

- 26 Health Centres/clinics
- Community Neurological Rehab Unit
- Rutland Lodge (Continence Urology and Colorectal/Long COVID)
- Leeds Sexual Health Centre
- Hannah House
- St George's Centre for Musculoskeletal (MSK) and Children's Outpatients
- Leeds Assisted Living Centre
- Wetherby Young Offenders Institute and Adel Beck Secure Children's Home
- 14 Police custody suites
- 3 SILC schools
- 3 Recovery hubs
- 3 MSK units

## Findings

Thornton Medical Centre, Park Edge Suite and Chapel Allerton Hospital (MSK) were found not to have been used by LCH staff since services were halted at the beginning of the COVID-19 pandemic. Otley Clinic has been closed. Seacroft Clinic is currently undergoing refurbishment.

Overall compliance across all sites audited was 90.2%. The most common issues identified across the various locations are shown in below in table 4:

## Most Common Issues

Pos.	Issue	Count	Percentage
1	No Poster to show first aid procedures- display poster for management of BFE	20	2.56%
2	Temporary closure mechanism not activated. Activate all temporary closure mechanisms	18	2.31%
3	Fabric chair in clinical area. Change to wipeable non impervious chair	18	2.31%
4	Waste management poster not on display- Display waste management poster	16	2.05%
5	Consumables are stored on the floor. Ensure consumables are stored off the floor or in covered containers.	14	1.79%
6	Dust on higher surfaces	13	1.67%
7	Hand hygiene sink non- compliant with HTM 64	8	1.03%
8	Lime scale build up on taps- Arrange a chemical clean	6	0.77%
9	Sharps container incorrectly assembled- Assemble bins correctly & ensure staff are aware of importance of correct assembly	3	0.38%
10	Basin is not clean	3	0.38%

**Table 4: Common issued identified through MEG environmental audit**

## Follow up

Following each audit, a report is generated together with a quality improvement plan (QIP) highlighting any issues identified and how these can be improved. Each issue is assigned to the relevant service/ department leads (e.g., building managers; estates; cleaning lead; service clinical leads) to be actioned. The clinical leads are requested to return their completed action plans to the IPC team within 3 months of the date of the audit report. Unfortunately, there is often poor compliance of clinical leads returning these which creates difficulty in maintaining assurances. Audits which score below 85% receive a follow-up visit by the IPC team after 3 months. Audits which score below the minimum standard of 75% receive a full re-audit after 3 months.

## Future plans and developments

- The IPC team plan to audit all 64 LCH premises during 2022-2023 with those unable to be audited during 21/22 as initial priority.
- Use of the MEG auditing tool is now quite well established within the team. Going forward this enables easier input of identified issues during the audit process, generation of reports, compliance scores and QIPs. In addition, the MEG electronic auditing tool provides quick access to monitor progress and assurances, freeing up time and resources to focus on other important IPC activities.
- A poster on 'Safely managing sharps' has been produced by a member of the IPC team as a result of issues frequently identified regarding incorrect assembly and use of sharps bins.
- Posters are also being distributed on 'How to make up and use Chlor-Clean'. Display of these posters is to be incorporated into the auditing standard.

## 4.2 Patient Led Assessment of Care Environment (PLACE)

Leeds Community Healthcare NHS Trust had a responsibility to undertake an assessment at Hannah House, which is a purpose built self-contained 'home from home' style facility which provides planned or emergency short break care for children with complex health needs.

During 2021 this was a voluntary completion, and therefore results were not comparable to previous years due to national averages not recorded and that the assessment team did not include external assessors due to Covid-19.



**'Hannah House'**

## Results

An exceptions report was provided by NHS Digital as displayed in table 5. IPC have undertaken environmental visits at the establishment therefore this was not recorded as part of the inspection. IPC was assessed as compliant by the assessment team and was included within the audit tool in section 5 under 'staff appearance and IPC' with comprehensive compliance.

Acute 1					
Cleanliness / Condition and Appearance					
Row	Column	Answer	Achieved Score	Available Score	Domains
Internal decoration	Condition / Appearance	Qualified Pass	1.0000	2.0000	Condition Appearance and Maintenance
Organisational questions - facilities					
Buildings and facilities					
Row	Column	Answer	Achieved Score	Available Score	Domains
Are all spaces clearly marked and wide enough to make it easy to get into and out of vehicles	Answer	No	0.0000	2.0000	Condition Appearance and Maintenance   Privacy, Dignity and Wellbeing   Disability
Are there clearly marked 'drop-off' zones at all major entrances	Answer	No	0.0000	2.0000	Condition Appearance and Maintenance
Does the organisation have a travel plan in place which includes accessibility and is the plan reviewed regularly	Answer	No	0.0000	2.0000	Privacy, Dignity and Wellbeing   Disability
Privacy, Dignity and Well-Being					
Row	Column	Answer	Achieved Score	Available Score	Domains
Have you involved disabled people or a disability group in the review of access	Answer	No	0.0000	2.0000	Disability
External areas					
Social Spaces					
Row	Column	Answer	Achieved Score	Available Score	Domains
Are surfaces level, firm and free from trip hazards	Answer	No	0.0000	2.0000	Privacy, Dignity and Wellbeing   Dementia   Disability
Do these areas encourage usage by how they look	Answer	No	0.0000	2.0000	Privacy, Dignity and Wellbeing

**Table 5: Exceptions report Hannah House provided by NHS Digital**

The PLACE review process 2021 has highlighted specific environmental issues within Hannah House and progress against the identified deficits is being monitored.

Although the results from this round of assessments cannot be directly compared with previous years due to no comparative data provided by NHS Digital. The action plan outlines all comments and deficits identified by attendees in line with the assessment tools provided by NHS Digital.

The next programmed PLACE inspections are due to take place in September 2022, with the anticipation of Hannah House and CRNU (if this re-opens with an inpatient provision) being part of this inspection process. The process will be jointly coordinated by LCH estates and IPC with patient representation and a recommendation for Healthwatch and a member from the Youth Board to be part of this.

## **5. LCH business unit overview**

### **5.1 Children's Business Unit (CBU)**

The Infection Prevention and Control (IPC) Team undertakes an annual programme of audits within the Children's Business Unit which look at a selection of key infection prevention standards. Audits with lower compliance scores (either as a total or in certain only domains) also receive a 3 month follow up visit by the IPC team. We also strive for the development of positive working relationships with the teams that have active roles within the Children's Service.



## Key achievements include:

Reauditing of the 4 Specialist Inclusive Learning Centres (SILC) schools took place in April 2021, 3 months from the initial environmental audit. Re-auditing revealed:

- 100% compliance was noted in all SILC schools in the correct use and management of Personal Protective Equipment, Prevention of Blood and Body Fluid Exposure Incidents and Management of Waste.
- Compliance with Organizational Controls standards (IPC training for staff, IPC policies in place and accessible to staff, auditing process of IPC compliance and measures to reduce the infection risk of the staff) was particularly high in all schools, with 3 out of 4 scoring 100%.
- All schools showed good compliance with hand hygiene standards.
- Significant improvement was noticed in environmental standards in clinical areas of all schools.
- In most schools, better performance could be achieved in the IPC cleaning standards at the cleaning cupboards, mainly by appropriately storing the cleaning equipment and improving the level of cleanliness. As cleaning is the responsibility of the local authority, the IPC team have since given advice to support meaningful change.
- The need to improve equipment management was identified in most schools and actions to boost performance were suggested.

The annual programmed audits have been completed in March 2022 in Farnley Academy, John Jamieson and Broomfields SILC schools. They all showed good compliance with IPC standards, with environmental and cleaning domains being identified as the most common areas of concern. It is reminded that the responsibility for those domains lies outside LCH.

The scheduled environmental audit at Pennyfields had to be postponed to the end of April 2022 due to a COVID outbreak.

The annual environmental audit at Hannah House took place in January 2022. The overall score was high and can be further improved by focusing on the environmental factors, waste management and the children's equipment management. Collaborative work, including regular IPC visits on site and/or IPC attendance in monthly meetings with Hannah House staff, has been undertaken to ensure the ongoing maintenance of high standards of IPC practice at Hannah House.

Formal Patient Led Assessments of Care Environments (PLACE) inspections of Hannah House were not undertaken due to the COVID-19 pandemic. Our service simulated a PLACE inspection during March 2021 without public presence. The results demonstrated good compliance with Infection Prevention practices. Issues relating to the external environment of the facility are being addressed as part of an ongoing action plan. Further details are outlined within this wider report.

Establishment of collaborative work and effective communication with the local Health Protection Team (HPT) and the Leeds City Council (LCC) colleagues to address COVID outbreaks in schools and colleges, early years and children's vulnerable settings, promptly and effectively. Places of concern were highlighted during those weekly meetings, and an action plan was introduced. We encouraged closer working relationships with the wider community and other public health professionals by a combination of proactive, supportive visits & outbreak visits throughout the Covid pandemic.

Supporting LCC and HPT colleagues in the "Winter Wellbeing Events" organised in five schools during last winter. The main aim of these events was to provide advice and information to parents about promoting good health and addressing financial, food and fuel

poverty during the winter months. Our IPC team provided information and leaflets on the importance of the flu and COVID vaccination in avoiding severe complications as well as the importance of good hand hygiene practise to prevent further transmission of the infections.

## 5.2 Specialist Business Unit (SBU)

The Infection Prevention team continue to work closely with the teams within the specialist business unit, particularly during the Covid pandemic to support them with any outbreaks and general IPC support and advice.

The IPC team has been involved with the following:

- Yearly audits of all Police Custody suites to ensure compliance with IPC standards and to offer support and guidance on environmental issues. LCH staff work within a police custody suite building and alongside non healthcare staff which can be a barrier to good IPC practice. This has shown in some areas where cleaning was found to be inadequate and has been addressed by the clinical team Managers with support from the IPC team.
- Yearly IPC environmental audits have been undertaken in Adel Beck and WYOI. Adel Beck continues to have a good standard of compliance and cleanliness. It is obvious that LCH clinical staff take ownership of IPC in their environment. WYOI show good compliance with IPC, however there were some cleaning issues that have been picked up previously which were again highlighted and escalated to the prison management team with support from the Clinical Lead, this issue is ongoing. WYOI staff take good responsibility for IPC and complete monthly cleaning audits which are actioned by the IPC link practitioner and supported by the IPC team.
- IPC have worked closely with WYOI and Adel Beck to prevent and control outbreaks alongside wider Leeds Healthcare Economy colleagues. A good relationship has been built with the staff working in these areas and IPC, which will promote and ensure good IPC compliance long term.
- Bi-yearly dental water tests continue to be carried out by the Dental team and overseen by the IPC and Water Safety Group following installation of the sterile straw system. A couple of areas had results that were out of range. These were resolved by the Dental & IPC team working together in conjunction with a consultant in microbiology and continue to be monitored.
- IPC have worked closely with Podiatry following an increase in sharps incidence reported via the Datix system. There is a robust action plan & audit system in place to try & reduce the sharps incidences relating to removal of blades. No injuries occurred as a result and there has been a notable reduction in incidences with none being reported for the last quarter & just one this quarter.
- SBU staff continue to report the quarterly PPE & HH auditing results via the new reporting system. There have been some teething issues with the implementation of this but SBU staff continue to have good compliance. This quarter has proved excellent with only one remaining team to submit any results, IPC applaud all teams within the specialist business unit for their compliance and commitment to this ongoing project even under the significant pressure over the last few months.
- Collaborative workplace visits between Environmental Health colleagues & the IPC team have taken place across the Leeds Community.
- A mixture of proactive supportive visits & outbreak visits have taken place with a wide range of services supporting vulnerable groups, facilitating closer working



relationships with the wider community and other public health professionals ensuring the continuity of service provision.

### **5.3 Adult Business Unit (ABU)**

Due to the ongoing inability for staff to meet in large numbers, due to social distancing requirements, it has been difficult to be as frontline facing as previous years, due to increased pressures throughout the year, staff have also been less available for face-to-face contact. However, IPC continue to work closely with all the teams within the adult business unit, particularly during the Covid pandemic to support them with maintaining services especially within the Neighbourhood Teams.

The IPC team has been involved with the following:

- Supporting fit test trainers/ champions across all of the business units. This has meant we have provided support during preliminary fit test sessions, advice and troubleshooting to enable teams to deliver fit testing to their own staff. We have also acquired the use of a porta-count machine meaning that those staff who fail the initial qualitative Fit testing can be assessed quantitatively by the IPC team, increasing the number of staff who are provided with an appropriate FFP3 mask.
- Continuing to work with the PPE team to ensure a constant supply of appropriate PPE and keeping the ABU up to date with constantly changing guidance.
- The IPC team have always run quarterly IPC champions events, due to the Covid19 pandemic these were stopped as face to face events but changed into online 'teams' events. The IPC team have not recently held any Champion events but instead have planned IPC drop-in sessions and attended neighbourhood team meetings to provide support.
- Encouraging all staff in the ABU to have their seasonal flu vaccine. This was supported by the CLASS and IPC nurses visiting each base to ensure the jab was accessible.
- Supporting the HCAI work when colleagues have undertaken a PIR which involved care provided from a neighbourhood team. This has meant improved communication with the neighbourhood team, highlighting good practice and shared learning.

## **6. Commissioned services – Care Homes**

From April 2020 the team increased their auditing plan to face to face audit, all registered care homes over a rolling 12-month programme. However due to the Covid-19 pandemic, the auditing activity in 20/21 and in 21/22 has been disrupted, and the full target of auditing 146 audits was not achieved.

Additional IPC support has been provided to care homes for the Covid-19 pandemic which included many care homes receiving a Covid-19 outbreak visit. The IPC team also began to support Villa Care units which moved from the acute trust jurisdiction to the CCG in the autumn of 2021. Villa Care has community care beds on 4 units, and 1 winter unit based on 2 in-patient premisses of the acute trust.

### **Number of care home audits and review visits completed**

Each care home receives a full audit carried out by the IPC nurse who uses a standardised auditing tool. After the audit has been completed the care home receives an audit report with percentage score, an action plan or recommended developments for non-compliant areas, and a 3 month follow up visit to review progress with the action plan.

During 20-21 there was 146 registered care homes in Leeds. The IPC team face to face audited, and followed up the numbers of homes below:

- 127 audits
- 81 follow up visits

The number of face-to-face audits completed over each quarter was:

- Quarter 1 –37
- Quarter 2 - 33
- Quarter 3 –35
- Quarter 4 –24

The audit tool measures care homes against 8 areas of standards. Please see the over all outcome percentage of all the 127 audits completed, and the percentage score of each of the 8 standard areas for each individual care home at the end of this report.

### **Covid-19 outbreak visits**

From 2020, the IPC team commenced care home COVID19 outbreak visits. The aim of the visits were to support care homes during the outbreak, identify areas of good practice and identify areas that needed development. Each care home received an action plan for areas of non-compliance. The action plans were also shared with the local authority teams who work with care homes (such as the contracts managers and Care Quality Team) and CCG quality managers.

The number of outbreak visits completed for 2021- 2022 was:

- 76

The number of outbreak visits over each quarter was:

- Quarter 1 – 6
- Quarter 2 - 14
- Quarter 3 – 11
- Quarter 4 – 45

Findings from the visits included staff confusion over PPE which included staff wearing continued pairs of gloves, removing aprons first during the doffing procedure, not removing gloves and aprons before leaving the isolation room. staff were not aware to use a 2-step cleaning procedure when the cleaning product was a disinfectant only and the environment was not ventilated enough

### **Additional support provided by the IPC team**

#### **Staff flu vaccinations**

For the 4<sup>th</sup> year running the IPC team has worked with the local authority in delivering free on-site flu vaccines clinics for Leeds health and social care providers, which includes care homes. This is done to enhance existing opportunities for care home staff to get vaccinated. During 21-22, the IPC team provided vaccines to:

- 170 staff, in 22 care homes
- 17 staff, in the Villa Care units based at St James University Teaching Hospital

## **City wide meetings and the provider bulletin**

Throughout the year the IPC team attended the city-wide Care Home Bronze meetings as a standing agenda item. During the meetings the IPC team discuss local intelligence of Leeds care homes and IPC support and development opportunities.

The team also attend other meetings as a link to care homes such as the Leeds Care Home HIUG meetings which discusses which care homes are more reliant on Yorkshire Ambulance Service and what support can be given to care homes to improve this.

The team also periodically produced IPC updates for the health and social care city wide provider bulletin. For example, during a time of higher than usual diarrhoea and/or vomiting outbreaks in care homes and during a time of 1 Influenza A outbreak in a care home, the team produced an article alerting the care homes to the outbreaks and giving advice what to do if they suspected an outbreak in their home.

## **Outbreak spread sheet and local Care Home Covid-19 Incident management meeting**

Throughout the pandemic the IPC team has maintained a daily spread sheet of Covid-19 outbreaks in Leeds care homes. This allows the IPC team to be in daily contact with care homes with outbreaks and determine which care homes required outbreak visits.

The spread sheet is also shared with city wide partners such as UKSHA, the CCG and local authority for wider monitoring. The IPC team also regularly attended UKSHA incident management meetings which discussed city wide provider outbreaks including care homes.

## **Covid-19 outbreak advice and outbreak resource pack**

For every care home Covid-19 outbreak, the IPC team give telephone advice in line with national guidance and share the IPC team Covid-19 outbreak pack. The outbreak pack includes local IPC information posters and a regularly updated outbreak check list. The check list provides simplified outbreak management advice which is in line with national guidance, and also includes links to relevant national guidance.

## **Risk assessment for new admissions during a Covid-19 outbreak**

To improve city wide patient flow during winter pressures and during times of high Covid-19 infections, the IPC team support care home managers in their risk assessment to consider safely admitting new residents whilst the care home had a Covid-19 outbreak. This involves using the risk assessment tool shared to the IPC team by UKSHA and through discussion with the care home manager on their situation in their individual care home.

The IPC team also attend, ad hoc meetings with Villa Care, the CCG and acute trust, to discuss a risk reduction criterion for new admission from the acute trust, into the Villa Care community care beds during a Covid-19 outbreak. The IPC attendance at the meetings provides vital input from a community perspective and also provides relevant IPC support and advice to Villa Care.

## **IPC care home web page, IPC audit resource pack, telephone/email advice and invitation to IPC team education events.**

The IPC team maintain the care home IPC resource web page which provides links to national IPC resources and guidance. The team also provide a comprehensive IPC resource pack to assist care home managers in their IPC audit preparation. The pack includes information posters, audit tools, and risk assessment templates.

Care homes also have access IPC advice 7 days a week via the IPC team telephone or email. The IPC team also deliver ad hoc IPC educational events across the city. Care homes are included in the invitation list to attend the events and this includes free allocated places to care homes. In previous years prior to the pandemic, this included the IPC team lead city wide conferences. Once the team conferences recommence, care homes will continue to be allocated free places to attend the conferences.

## **Implementation of RESTORE 2**

In late summer 2021, the team commenced a pilot of [RESTORE2](#) tool which is an early deterioration warning tool which helps care home staff, help residents get the right care, at the right time and in the right place. The tool has already been successfully and widely used in care homes across the country.

The pilot included the Leeds IPC team liaising with 3 pilot care homes, partners such as the local authority, GP surgeries, community neighbourhood team clinical leads and Yorkshire Ambulance Service. The team delivered the RESTORE2 presentation to the 3 pilot care homes and to care homes at a CCG care home training event.

Dates for face-to-face training in the pilot sites was planned, but unfortunately, due to the 3<sup>rd</sup> wave of Covid-19, the programme was paused. However, the IPC team have appointed a 12-month, fixed term, Sepsis and Deterioration nurse for 2022-23. The nurse will recommence the pilot in spring 2022, and after the pilot has been completed, the nurse will commence rolling out RESTORE2 to all the registered care homes in Leeds. However, it is anticipated that it may take at least 3 years to roll out the RESTORE2 programme to all the local care homes.

## **7. Policies and guidelines**

The overarching policies are written in line with the Trust Governance policy which outlines requirements for responsibility, audit and monitoring of policies to provide assurance that policies are being adhered to. Both policy and manual are available for staff to view on the Trust intranet as well as the Leeds Healthcare Pathway. The IPC team have a rolling programme of policies which require updating each year.

A National IPC Manual ([NIPCM](#)) is to be published by NHS England in April 2022 and it is recommended that a gap analysis is undertaken and an implementation plan is designed.

## **8. Education and Training**

The Health and Social Care Act (2008) identifies the importance of effective education and training for all staff members. The continued development and implementation of an effective mandatory training programme remains central to the LCH infection prevention strategy. As a result of challenges associated with the Covid-19 pandemic, the majority of internal mandatory training was undertaken remotely. In situations where strict social distancing was possible, small group events were facilitated by the team. This included preceptorship training and informal bespoke sessions within care delivery teams.

Training compliance rates were on average 92% at year end and this demonstrates a significant increase from the 70% noted during the previous report period 2021-2022.

### **IPC Clinical Educator Role**

From the April 2021, LCH has provided an additional 0.6 WTE Band 7 IPC Nurse Specialist role to enhance education and training within the wider care economy of Leeds. The initial primary focus of this project was to work with care facilities providing both nursing and residential care, Working Age Adult Care Teams, Third Sector providers, Domiciliary Care Providers, Mental Health Providers and the local authority Adult Social Care Team.

Collaboration and support has also been provided to the LCC Adults and Health Directorate to develop and facilitate an education programme related to improving understanding and uptake of the Covid-19 Vaccination programme. Significant resource was also dedicated to the promotion of Covid-19 vaccine to care home and domiciliary care providing teams.

Support has also been provided to the LCC Children and Families Team to develop a Keeping Safe and Well virtual training sessions for school age children. Further work was undertaken to develop a bespoke training programme for nurseries and other childcare settings. The team provided training to local childminding groups and undertook local workshops for registered childminders. The aim of this initiative was to compliment and supplement currently existing resources and to have the flexibility to provide specialist education and support to areas potentially struggling with outbreaks of transmissible infection.

### **Training format**

From the start of the project, face to face training has been delivered to a significant proportion of care settings within the Leeds area. Strict compliance with appropriate Covid-19 control measures, including social distancing has been central to the maintenance of a safe learning environment. The workshop style approach has enabled care staff to address specific areas of concern or explore the issues that might be unique to the care facility. Opportunity to dispel myths and misinformation related to Covid-19 vaccination has also been a valuable part of the programme.

The aim of the delivered session is to focus on the general principles of infection prevention and control and explore how everyone is responsible for safe practice.

Key elements include:

- An update on Covid-19, including reminder on transmission routes, symptomology and control measures
- Understand how infections impact on individual clients and their families and staff including signposting to available supportive web material
- Reinforcement of the ongoing need to consider other infectious agents, in addition to Covid-19
- Identify the key elements included in Standard Infection Control Precautions and transmission-based precautions
- Demonstrate compliance with basic hand hygiene practice
- Revisit the appropriate use of PPE and correct donning/ doffing procedure
- Understand best practice in relation to management of waste; single use items; laundry
- Management and body fluid exposure
- Development of strategies for staff to positively influence safe practice and become IPC champions within their respective care settings.

- As challenges relating to Covid-19 social distancing requirements became more apparent, a number of virtual training webinars were delivered.

## **Training Evaluation**

Where possible, sessions were evaluated using a standard Kirkpatrick style evaluation tool with additional free text response.

A review of available evaluation responses indicated there were no negative comments received and a high proportion of respondents strongly agreed with the positive evaluation statements. The primary beneficial learning that was identified by the attendees related to

- 1 Enhanced understanding about the role of indirect mucocutaneous viral transmission in Covid-19 acquisition
- 2 Reaffirmation of the correct PPE doffing process, including reemphasis on the correct disposal of items prior to leaving resident's room/ environment
- 3 The provision of evidenced based information on vaccine action, efficacy and safety.
- 4 Sign posting to NHS Leeds FAQ and resources provided by LCC, especially in relation to psychological support
- 5 Role of ventilation in viral transmission reduction
- 6 Reemphasis of "soft signs" related to Covid-19 symptomology

The free text comments were overwhelmingly positive, with a number of managers taking the time to thank the team for their input. Below is an anonymised email response from the manager of a team receiving training.

*"Please can I take this opportunity to express my gratitude to you and Dave for all your support in arranging and facilitating the IPC training for our service. Myself and staff who attended found today's sessions extremely helpful and informative. Today's sessions were the first face to face training our service has received since the pandemic begun, the value of having Dave come meet with us and provide the training face to face was incredibly beneficial."*

*"Today's sessions were interactive, engaging and really provided the opportunity for us to ask questions and delve further into conversation which we all found very useful and something we do lack from online training sessions."*

*"We found the training sessions were extremely useful and valuable to us all especially in this current climate."*

*"Dave arrived on time, was very professional and presented the sessions very well and the information, including all the answered questions were clear to understand. He was incredibly patient, especially with some of the challenging questions one or two of my care workers asked him!"*

## **9. Campaigns and further achievements**

### **9.1 Seasonal Staff Influenza Campaign 2019/2020**

The Code of Practice (2012) for the prevention and control of healthcare associated infections (HCAI) emphasises the need for NHS organisations to ensure that its frontline health care workers are free of and protected from communicable infections (so far as is reasonably practical). Influenza is a highly contagious illness which can be serious, particularly for older people or those with other health conditions. Health and social care workers care for some of



the most vulnerable people in our communities and 50% of staff may carry flu and may unknowingly pass flu onto others.

Health care staff are also at increased risk of transmission of infections. Therefore, it is important that staff help protect themselves (and their families) and the patients that they care for by receiving annual flu vaccinations. Staff vaccination also results in lower rates of influenza-like illness and mortality in healthcare settings and helps to ensure vital business continuity in the health and social care sector (by reducing staff flu related illness).

## Results 2021/22

At the end of February 2022, LCH had vaccinated **64% of health care workers involved with direct patient care** and closed the Immform data reporting tool in total 3104 vaccines have been administered by LCH for: LCH staff, LCC staff and local care home and hospice staff. Numbers of vaccinated staff for each of these three areas are broken down further in table 6.

<b>LCH Staff: 2073</b> staff vaccinated out of 3228: 1886 of these staff were clinical staff
<b>LCC Staff: 715</b> Leeds city council staff were vaccinated during the campaign
<b>Care home &amp; hospice staff: 313</b> staff from local care homes, hospice staff and working age adults were vaccinated during the 21/22 season

Table 6: 2021/2022 Influenza Final Figures



## Challenges

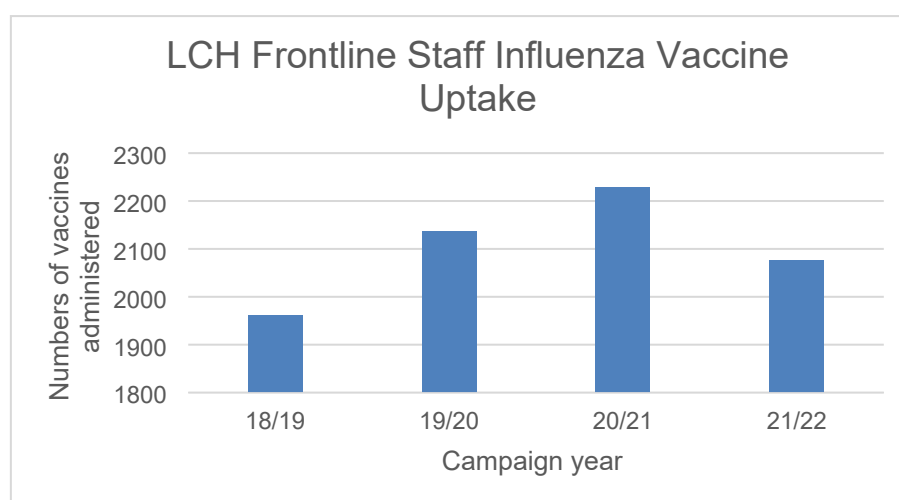
Throughout the 2021-2022 campaign the team faced several challenges, the immunisation schedule had to be amended to support the phased delivery of vaccines from the supplier. The team used the electronic booking system again this year to ensure we supported social distancing within the health centers.

We used all the health centers across the city for this year's campaign to ensure all staff had easy access to the vaccine clinics, we still had many staff working from home and didn't live in the Leeds area and therefore did not take up the offer of the vaccination via LCH. Some

staff made alternative arrangements to receive the vaccination via their GP's / local pharmacy. A large number of staff chose not to take up the offer of vaccination this year due to reduced patient contact / vaccine fatigue from the Covid vaccinations.

Most of the immunisations were delivered via our ClaSS staff, but additional support was needed from IPC team members for the ad hoc sessions and to support with continued myth busting relating both the influenza and Covid-19 vaccinations whilst still attending to other IPC work streams and increased responsibilities due to Covid-19.

IPC will continue to work closely with stakeholders to ensure the sustainability and success of future campaigns. We will continue to work in conjunction with business intelligence and workforce to ensure we have accurate data.



**Figure 13. LCH Frontline Influenza Vaccine uptake**

## Future plans

The delivery of future flu campaigns continues to be very different in light of the Covid-19 pandemic. IPC will continue to work closely with stakeholders to ensure the sustainability and success of future campaigns. We will continue to work in conjunction with business intelligence and workforce to ensure we have accurate data. We anticipate that there will be a joint Covid-19 and Influenza vaccine session for staff members and plans are in place to work collaboratively to delivery this.

## 9.2 Conferences and awareness campaigns

During 2021-22 all conferences were postponed due to commitments around Covid-19. Plans will be considered to hold a conference 2022 in relation to healthcare associated infections / sepsis and learning from the pandemic in relation to Infection Prevention.

During the past 12 months the IPC team have proactively raised the IPC agenda across LCH and wider health economy.

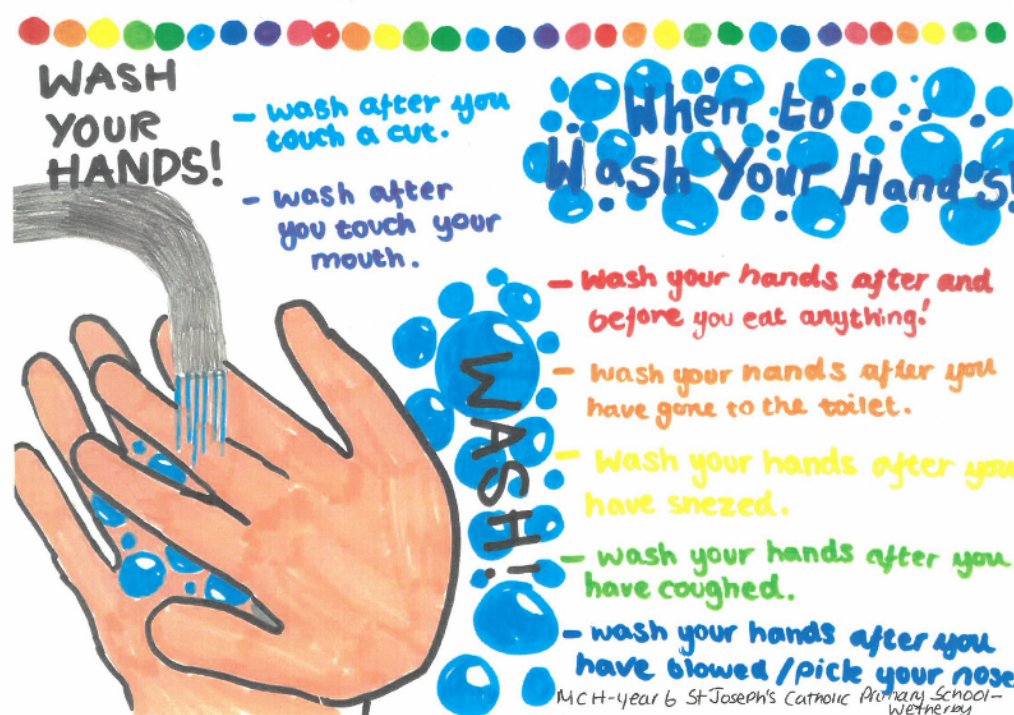
## Hand Hygiene Campaign

An overwhelming successful hand hygiene campaign on 5<sup>th</sup> May 2021 saw the entire IPC team deploy throughout all locations across LCH estate providing awareness to the importance of hand hygiene. This was a great opportunity to reaffirm standards following the start of COVID pandemic.



The campaign also had a digital footprint where social media was utilised the entire week leading up to 5<sup>th</sup> May where LCH were introduced to the team who also provided a “hand hygiene quote of the day”

The campaign culminated in a prize giving following the children of LCH staff being asked to take part in a hand hygiene drawing competition



## IPC Week October 2021

Due to the nature of working patterns across LCH it was decided to focus on digital promotion during the IPC week

- “Hello, my name is” – a full team initiative introducing the team to LCH with a personal Bio
- “IPC hero” – The IPC team welcomed submissions from everyone in LCH and daily “IPC heroes” were revealed. It was great to see nominations for clinicians, administrators and other non-clinical roles which really shows IPC is championed across LCH. All nominees received a certificate and badge, the chosen daily IPC hero also received a gift and were included in a daily brief on the IPC week page.
- Theme of the day – Each day a different area of IPC was covered, themes included AMR, Norovirus, Vaccines, Mouth care and Sepsis. The topics were introduced with a series of face-to-face seminars, online webinars and website pages.
- Fit testing – The IPC team put on extra fit testing sessions for LCH staff to attend
- Flu vaccine clinics – The IPC team supported the flu vaccine campaign with extra flu sessions around the city
- IPC bags – The team visited different services around the city to provide them with different IPC health literature and products such as hand rub. It also gave the team an opportunity for the IPC team to discuss the different themes of the day.
- Health promotion – The team attended health centres throughout the week to engage with the general public. This was again a chance for the team to discuss IPC topics and provide health literature about key IPC concerns such as AMR.



### **Antimicrobial Resistance (AMR) Awareness**

LCH IPC worked collaboratively with Leeds City Council HPT and other trusts around the city to raise awareness of antibiotics resistance. This included the LCH IPC arranging for midday briefs to be shared with LCH colleagues discussing why AMR is such a concern and what healthcare professionals can do to help. The team also used LCH social media sites including twitter and Facebook to reach out to the wider public and provide guidance as to how to slow AMR. Lastly, the team also attended two main supermarkets in Leeds where they shared IPC literature about AMR to the Leeds population. Due to the higher level of resistance with gram negative organisms the team also discussed how the public could lower their risk of acquiring infections caused by these organisms.





## **Team Development**

### **Education and team building**

- The IPC team were delighted to have secured funding for new members of staff to undertake post graduate learning. We now have four Band 6 IPC nurses undertaking the PgCert IPC award through the University of Dundee.
- Four team members also attended and successfully completed the stand-alone module in communicable disease through the University of Huddersfield.
- Engagement with the Infection Prevention Society (IPS) and 'Institution Membership' was purchased, to support education, learning and networking.
- It has been recognised that our IPC team is a relatively new team albeit with a core strength of long-standing members. Due to this, an emphasis has been placed on providing some key leadership and team building activities throughout 2021-2022.

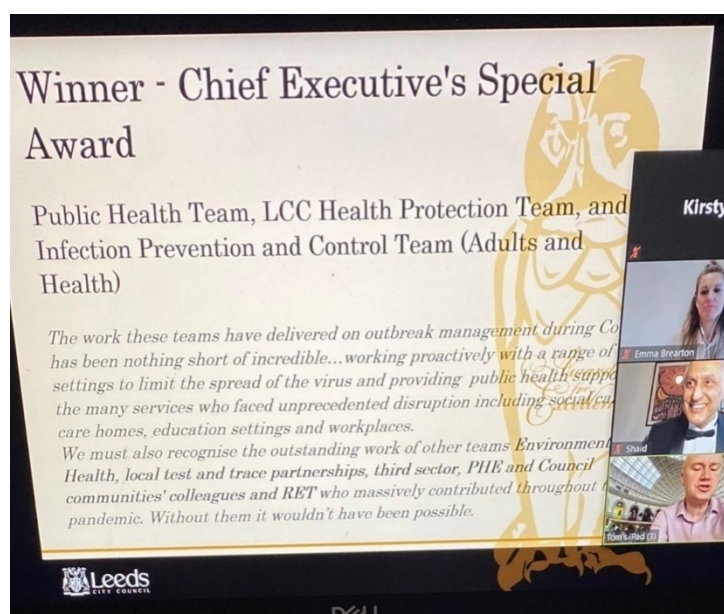


## **10. IPC team structure and celebrations**

The team has continued to work at an enhanced capacity with an uplift in funding from Leeds City Council in line with the cooperation partnership agreement. This saw the staffing capacity of the team increase during 2021/2022.

- In March 2021 Joanne Reynard Senior IPC Nurse was seconded to the Leeds Covid Vaccine Programme and later started a secondment with the Northwest Regional IPC Team for NHS England and NHS Improvement.
- In July 2021 Liz Grogan, Head of IPC, and Deputy DIPC commenced a secondment with NHS England's National IPC Team as a Clinical Fellow 15 hours per week.
- In March 2022 we said goodbye to Matthew Shipley, Lead IPC Nurse and we welcomed Kelly Rushworth as his replacement.
- In March 2022 Carrie Mulvihill was appointed as Sepsis and Deterioration Nurse for LCH to deliver a programme of work on a community footprint to reduce sepsis and improve recognition of deteriorating patients.

In December 2021 the IPC Team were jointly awarded Leeds city councils Chief Executives Special Award for the work delivered on outbreak management during Covid-19.



## **11. Challenges and forward plan 2022/2023**

### **Forward Plan 2022 - 2023**

- IPC will continue to be a high priority for the Trust and the team have set out an ambitious but flexible programme of work over 2022-23.
- Aline fit testing to ESR and promote shared organisational responsibility.
- Education and development of IPC team and implementation of the core competencies from the Infection Prevention Society (IPS)
- A focus around Quality Improvement to be implemented by IPC in relation to auditing, hand hygiene compliance, fit testing and HCAI Surveillance.
- Re focus our attentions around the collaborative HCAI Improvement Group and the AMR agenda.
- Implementation of the National Standards of Healthcare Cleanliness (April 2021), with enhanced assurance mechanisms in place and demonstrating the organisation is inline with the Cleaning Charter.
- Build engagement with the ICS for West Yorkshire for IPC.

**Challenges for 2022-23 will include:**

- Implementation of the National IPC Manual from NHS England and NHS Improvement.
- Achievement of the HCAI objectives with specific emphasis on the gram-negative agenda.
- Secure funding through the Cooperation agreement with LCC to maintain current structure.

## **12. Conclusion**

It is evident that 2021-2022 has proven to be a very successful year for the Infection Prevention and Control team within LCH. We have delivered successfully on the second fiscal year of the enhanced 'Partnership Cooperation Agreement' with Leeds City Council.

This report demonstrates the continued commitment of the Trust and evidences successes and service improvement through the leadership of a dedicated and proactive IPC team. It is also testimony to the commitment of all LCH staff dedicated in keeping IPC high on everyone's agenda.

The year has continued to be dominated by Covid-19 and the IPC Team workload increased dramatically as a result. Keeping staff and patients safe was priority during this time, as well as the system wide working through the city of Leeds. It is fair to say that the working day of an IPC Nurse and others in the team was unpredictable and often very stressful.

Throughout this time the IPC team has dedicated their time to the management of the pandemic and should be acknowledged for their unwavering hard work. I personally would like to thank my team for their dedication, tenacity and continuation of their positive spirit during a very challenging period of time.

**Report compiled by Head of Infection prevention and Control and Deputy DIPC, with contributions by members of the Infection Prevention and Control Team.**

**Board Meeting: 27 May 2022**

**Agenda item number: 2022-23 (15i)**

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**Title:**  
**Quality Account 2021/2022**

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**Category of paper: approval**  
**History: Virtual review by Quality Committee**

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**Responsible director: Director of Nursing and Allied Health Professionals**  
**Report author: Head of Clinical Governance**

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## **Executive Summary**

The Quality Account is an annual report detailing the quality of services offered by an NHS healthcare provider. The reports are published annually and are available to the public.

Quality Accounts allow NHS services to report on quality and show improvements in the services they deliver to local communities and stakeholders.

The last 12 months have continued to see significant impact from the COVID-19 pandemic and our response has remained a major part of our work in 2021/22. As an organisation, the Trust has innovated and continued to develop new ways of working to ensure we have continued to deliver high-quality care.

The focus of the 2021/22 Quality Account continues to be our response to the pandemic but includes details of the many service and quality improvements that have been initiated or completed this year.

An additional dedicated Equity, Inclusion and Wellbeing section has been included this year to highlight the Trust's commitment to addressing health inequity, inclusion and wellbeing, for our communities but also of our teams and colleagues.

Core Indicators are pending inclusion due to data reporting dates and data verification. They will be included on receipt and re shared with the Board in June 2022 as an exception if required.

## **Recommendations**

The Board is asked to:

- Review the content of the 2021/22 Quality Account and provide any feedback as required.
- Advise whether further review is required by exception when the Core Indicators are included.
- Approve the publication of the Quality Account 2021/22



Leeds Community  
Healthcare  
NHS Trust

# **Leeds Community Healthcare NHS Trust**

## **Quality Account 2021/2022**



## About Annual Quality Accounts

Quality Accounts, which are produced by providers of NHS funded healthcare, focus on the quality of the services they provide.

They look at:

- Where an organisation is performing well and where they need to make improvement
- Progress against quality priorities set previously and new priorities for the following year
- How the public, patients, carers and staff were involved in decisions on these priorities.

If you would like this information in another language or format such as large print, please contact  
Leeds Community Healthcare NHS Trust

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#### **What Other People Think of Our Quality Account**

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## **Part One Introduction**

### **Introduction from the Chief Executive and Chair of Leeds Community Healthcare NHS Trust**

'Welcome to the Leeds Community Healthcare NHS Trust Annual Quality Account for 2021/22. The Account is an accurate representation of the quality of care that we continuously demonstrate throughout this organisation for the absolute benefit of the communities we serve.

Our response to the COVID-19 pandemic has continued to be a major part of our work in 2021/22. We have focussed on how we build our services back better and ensured the learning from how we had to change, and adapt our services is used, to make our services even better than before. We have been able to combine the great work that has been, and continues, as we now move to work alongside one of the greatest challenges the NHS has ever faced, the COVID-19 pandemic.

A particular area of focus has been how we work, and seek to work, with those communities who we know do not access healthcare easily or when needed. Our seldom heard communities are central to how we make our services outstanding for everyone. We have progressed our journey to address health inequity through smarter use of the data we have available, and through the work of our Engagement Champions.

We believe that this account lays out, in detail, the quality and the positive impact of an excellent year of delivery under the most challenging of circumstances.

We would like to recognise and thank our staff publicly for their continued hard work, dedication, and resilience during this difficult period. It is through their commitment to safe, effective, responsive, care, that we have been able to continue to deliver the high-quality care that is demonstrated throughout this Quality Account'.

**Photo of Thea and Brodie to add.**

## **About Leeds Community Healthcare NHS Trust**

Leeds Community Healthcare NHS Trust (LCH) is proud to provide great care to our communities. We provide a wide variety of services from pre-conception to end of life. We provide care from many different specialities and professional disciplines. This includes services to promote and maintain health, and to provide care and treatment to manage existing conditions or ill health. We primarily serve the population of Leeds, although we also provide some services across the region.

The most recent Care Quality Commission Inspection in 2019 rated LCH as 'Good' overall with Community Sexual Health Services rated as 'Outstanding', an improvement from the last inspection. Our aim is to build on our overall rating of good and share learning and excellence in practice across each of our services as we strive to become an outstanding organisation.

### **[Leeds Community Healthcare NHS Trust - Who We Are.](#)**

**Who we are and what we do:**

### **[Community Working - What it means to us](#)**

# 11 Our Eleven

**1 vision:** We provide the best possible care to every community we serve

**3 values:** We are open and honest and do what we say we will      We treat everyone as an individual      We are continuously listening, learning and improving

**7 magnificent behaviours (how we work):**

 <p><b>Caring for our patients</b></p> <ul style="list-style-type: none"> <li>Seeing things from their point of view</li> <li>Acting on individual needs in the best way we can</li> <li>Treating people with respect, dignity, kindness</li> <li>Ensuring we keep high quality and complete patient records</li> </ul> 	 <p><b>Making the best decisions</b></p> <ul style="list-style-type: none"> <li>Being willing to take a decision</li> <li>Gathering sufficient information from the right sources</li> <li>Making decisions which are logical and evidence-based</li> <li>Taking a long-term view about what is best for the future of our patients and the Trust</li> </ul> 	 <p><b>Leading by example</b></p> <ul style="list-style-type: none"> <li>Being clear about what needs to be done</li> <li>Helping others to develop their abilities</li> <li>Acting as a role model by taking responsibility</li> <li>Keeping our promises and being prepared to say what we think</li> <li>Setting high standards for ourselves and others</li> </ul> 	 <p><b>Caring for one another</b></p> <ul style="list-style-type: none"> <li>Being thoughtful in the way we treat one another</li> <li>Keeping our emotions under control</li> <li>Listening to one another</li> <li>Being sensitive to other people's situations</li> <li>Treating them with kindness</li> <li>Being flexible in the way we work with others</li> </ul> 	 <p><b>Adapting to change and delivering improvements</b></p> <ul style="list-style-type: none"> <li>Looking at the way things are done now and suggesting new ways of working</li> <li>Looking at best practice elsewhere and bringing in relevant ideas from outside the Trust</li> <li>Being able to adapt to new ways of working and to changes in the ways in which we deliver care</li> </ul> 	 <p><b>Working together</b></p> <ul style="list-style-type: none"> <li>Being supportive of colleagues</li> <li>Building relationships both inside and outside the Trust</li> <li>Communicating clearly and persuasively</li> <li>Being open to others' ideas</li> <li>Finding out what is important to others in order to get things done</li> </ul> 	 <p><b>Finding solutions</b></p> <ul style="list-style-type: none"> <li>Adopting a positive approach to problems</li> <li>Looking for ways to solve them</li> <li>Showing a sense of enjoyment and commitment to what we do</li> </ul> 
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## Vision and Values

Our vision, values and behaviours guide and influence how we work. They exemplify the way we deliver our services and who we are as an organisation. 'Our Eleven' of our vision is that **'we provide the best possible care to every community'** and is underpinned by our values and implemented through our behaviours. (Figure 1.)

Our How We Work Video:

[How We Work at LCH](#)

Our Board frequently hear stories and case studies from our patient's and services. Patrick and Hilary's Stories have been chosen to share as they highlight how our Vision, Values and Behaviours were exemplified in the care delivered by LCH:

### **Patrick's Story, Homeless and Health Inclusion Team, November 2021**

Patrick accesses our Homeless and Health Inclusion Team (HHIT). He was introduced to a support worker from the Service whilst in hospital for a head injury he sustained. Patrick relays how the Service, and his support worker in particular, has helped him find accommodation, provided support to improve his mental wellbeing and helped him to devise a plan to control his alcohol addiction.

### **Patrick's Story**

### **Hilary's Story, Musculoskeletal Service, February 2022**

Hilary is 81 and following a road accident in 2018, has received care from both the Neighbourhood Teams and the Musculoskeletal Service (MSK). In her story she tells us about her experience of accessing the MSK Service; how her steroid injections have kept her free from knee surgery, how exercises have kept her walking and how being treated with dignity and compassion makes her experience positive every time.

### **Hilary's Story**

## Our Response to the COVID-19 Pandemic

### Today I Cried - Nursing in Community, We Care

The last 12 months have continued to see LCH react effectively and responsively to the COVID-19 pandemic. We have continued to adapt and make changes in how our services have been delivered to meet the challenges the pandemic has presented.

### **The Leeds COVID-19 Vaccination Programme – A Complete Multi Agency “Team Leeds Approach” to a Pandemic**

The Leeds COVID-19 Vaccination Programme continued throughout 2021/22. Working with partners across the city, Leeds Community Healthcare’s Executive Director of Operations Sam Prince continued to lead the response as the appointed Senior Responsible Officer and responded to the challenges faced by the mutations of the virus. In addition to the core vaccination programme the booster programme was started, and LCH have supported the stages of the delivery programme as it has been released nationally.

#### **The figures for Leeds are as follows\*:**

- Over 609,000 people have had a 1<sup>st</sup> vaccination (77% of eligible GP registered)
- Over 572,000 people have had a 2<sup>nd</sup> vaccination (72.4% of GP registered)
- Over 439,000 people have had a 3<sup>rd</sup> / Booster vaccination, 80% of ~549k current eligible
- Resulting in total of 1<sup>st</sup> 2<sup>nd</sup> and booster vaccinations given to Leeds GP registered citizens to an impressive **1,621,552**.

We recruited three dedicated Project Managers and a Project Support Officer to ensure timely delivery of the vaccination programme and to support our commitment to our ‘no-one left behind’ pathway to promote vaccine equity. An innovative and flexible programme has been developed for vaccine deliveries from both static and pop-up sites. The Leeds Festival in 2021 being just one positive example of how the vaccine programme is responding to local needs with nearly 200 young people vaccinated at the event over the August Bank Holiday weekend, and many more choosing to subsequently have their vaccine afterwards following positive encouragement from healthcare staff who attended the festival.

Phase Three included the adult booster programme and school children aged 12 - 15 years of age. Phase Four Spring booster programme for the over 75's and clinically vulnerable immune suppressed individuals has recently commenced, as has the vaccination offer to healthy 5 - 11-year-olds should their parents/guardians wish and consent. Dynamic plans are being rapidly progressed in response to national directives by building on local health and social care partnerships across the city.

The programme team are currently looking and planning ahead in response to the national request for an ongoing provider collaborative programme of delivery for both the children and adults vaccination programme expected for the Autumn or earlier dependent on national guidance.

A key response to the pandemic has been to focus on care closer to home to ensure that there are beds available in hospital for those in greatest need. To support this approach LCH have developed and adapted services to provide care in a way that meets the needs of our patients and means that they receive care in the most appropriate setting. We have worked with partners to develop and strengthen initiatives across the city to support a wider response to the pandemic and support reduced admission and improve discharge from Leeds Teaching Hospitals Trust.

\*The data is correct as of 28 March 2022

## **Pandemic Response**

A further key response to the pandemic has been to focus on care closer to home to ensure that there are beds available in hospital for those in greatest need. To support this approach LCH have developed and adapted services to provide care in a way that meets the needs of our patients and means that they receive care in the most appropriate setting. We have worked with partners to develop and strengthen initiatives across the city to support a wider response to the pandemic and support reduced admission and improve discharge from Leeds Teaching Hospitals Trust.

## **Long-COVID Rehabilitation Pathway**

In 2020/21, amazing teamwork in Leeds was achieved in response to the rehabilitation needs of people recovering from COVID-19 as a cross city multi-organisation team; researched, created and developed a unique, integrated rehabilitation pathway that focussed on and is responsive to patient's needs. Team members represented Primary Care, two NHS Trusts, the University of Leeds, Leeds City Council and Leeds Clinical Commissioning Group. The clinical team led by LCH provide specialist,



multidisciplinary rehabilitation, assessment, and intervention, with support from an in-house research team. Together they provide a one stop assessment and rehabilitation service for people with Long COVID.

Throughout 2021/22, the service has remained at the national and international cutting edge of the evolving story of Long COVID. They continue to shape national guidance and international policy through the support of strong multi-disciplinary leadership.

In August 2021, the Office of National Statistics estimated that 1.5% of the UK population were experiencing symptoms of Long COVID, this equated to 12,807 people in Leeds. By November 2021, Public Health England suggested that 32,280 people in Leeds would experience Long COVID up to January 2022.

To support the continued increase in infection rates and Long COVID symptoms the service revised the pathway. They introduced a hybrid model to include clinic and virtual visits in addition to the established home visiting model. The service produced booklets for patients to read and they included digital options to support the triage of patients for a more responsive approach. The service continues to contribute and lead the national learning for Long COVID and has introduced an inequality working group and ongoing evaluation to ensure the service is meeting the needs of Long COVID patients in the best possible way.

The service has also secured, a £3.4 million research project which aims to identify the best way to treat and support the one million people in the UK now living with Long COVID. Led by the University of Leeds and LCH, and funded by the National Institute for Health Research, the study aims to create a “gold standard” approach for the treatment of Long COVID.

This research, titled LOCOMOTION, will identify best practice in providing services, ensuring people are supported quickly, and receive the right treatments from the right healthcare professionals in their own home, through their GP, or at specialist Long COVID clinics. It will investigate how many people are unable to work due to Long COVID and look at developing a vocational rehabilitation programme to support them back into employment

**Patients have shared the impact Long COVID has had on them: (add speech bubbles)**

*“Long COVID came totally out of the blue. I wasn’t very sick when I caught COVID, but this has turned my life upside down, and I can’t do any of the normal things I used to do”*

*“I’m a ultra marathon runner and I’m now struggling to just get up the stairs”*

*“Before Long COVID I worked full time, was a carer for my mother and also was raising my children as a single parent. I now can’t do any of these roles properly, I’m off work, other family members have to support my mother and I struggle to just get the children to and from school”*

*“I normally work in an academic role, functioning at a high level. At the moment I can’t even have a conversation without forgetting what I’m talking about, losing concentration or struggling to find the words to make any sense”*

*“I can’t do anything I used to, I want my old life back”, and “I’m not me anymore. I want to be me again”*

**Feedback for the service has included:**

*“When there was so much to do with COVID that I couldn’t control you gave me something to do that I could. Eating healthily and giving my body the right nutrients felt like the one good thing I can do for myself. Making these changes has benefitted my physical and mental health. Thank you.”*

*‘I just wanted you to know how helpful it is talking to you. I know I ask a lot of questions!! I just wanted to thank you for discussing everything with me. I really appreciate it’.*

*‘Thank you, the past 10 weeks have given me a massive boost and belief that I can get back to normal – Thanks for all your help’.*

*‘I just wanted to share some wonderful feedback I just received from a personal friend (\*\*\*). She said she spoke to you today and she said and I quote ‘you were absolutely brilliant’. She said you gave her loads of ideas and really cheered her up with the practical stuff she can be doing. She is very appreciative of all the help!’*

Feedback from Dr Bryan Power, GP, Long Term Conditions Clinical Lead, Leeds Clinical Commissioning Group (CCG):

*“The pathway and guidance has enabled primary care to confidently assess, investigate and manage patients and refer appropriately to the COVID Rehab service. The key advantage is that it’s not just an assessment service but it continues to manage and support patients in the longer term in a holistic, rehabilitation manner. It’s been a great success story for Leeds and not something I could have envisaged in the pre-COVID era”*

## Engagement

### Listening to patient, user, and staff voices

We involve our patients, service users, communities, and staff in helping us shape and improve our services through ongoing feedback and engagement. This year our Patient Experience Team supported services to develop service focused patient and carer surveys to gather feedback. We have aimed to understand what has worked well during the previous twelve months and what areas we can continue to improve. Examples of this work has included:

### Friends and Family Test

The online Friends and Family Test (FFT) can be accessed via a website and a QR (Quick Response) Code. It is available in an easy read format, a children's and young people's format, and has now been translated into the top five spoken languages in Leeds which are: Polish, Urdu, Punjabi, Romanian and Slovak. This has been developed to make giving feedback more accessible to people whose first language is not English, or who may have additional communication needs. FFT paper postcards are still available, and these have also been created in a standard easy-read format.

We aim to make meaningful changes from our feedback, this year's improvements from feedback have included:

**Community Diabetes** – feedback highlighted some of the difficulties people were having in accessing the virtual offer from the service when using a smartphone, including the structured education programme, which provides support and self-management guidance to patients with Type 2 Diabetes.

The service developed a troubleshooting guide to support people in accessing the programme virtually. This guide advised people to join using a laptop, PC, or tablet wherever possible to enable a better experience. However, if people are only able to access using a smartphone, where there is no question-and-answer facility, they are encouraged to email any questions after the session and the service can ensure these are answered and resolved.

**Homeless Health Inclusion Team** - adapted their Friends and Family Test to include additional questions on being treated with kindness, respect and how the service could ensure this happens for all patients. Feedback in Q2 in response to this question included: ***“Gave me different options and made me feel like I'll be safe.” “Loyalty and listening and with very much care.”*** and ***“So much respect and honesty.”***

**Morley Neighbourhood Team** – feedback was received relating to poor communication. There was a suggestion that a telephone call to advise when nurses are running late, would make a big difference to the experience of care. This was discussed at team meetings and the importance of advising patient's when a timed visit may be delayed. A process has been developed to ensure that patients are always contacted to assess if the visit is required.

**Musculoskeletal Service** - the service engaged with patients to gain their feedback on topics such as whether consultations should be virtual or face to face, how consultations had gone and what could be improved, or what the service should offer. Questionnaires were sent out electronically and by telephone with almost 300 responses.

The service also arranged a focus group to support the website development. Questions focussed on the content and layout of the website to ensure it was informative and easy to use. Additional feedback was gained by the Trusts Reader Group and feedback acted upon. The website is now live.

**Nutrition & Dietetics** - changed their invitation letter to clearly explain how to remain anonymous in their sessions to support privacy and confidentiality because of the following feedback: ***"I hate the idea of having a confidential medical appointment, talking about something very personal and embarrassing, with a group. I saw somebody I knew on there which was embarrassing too. It is obviously very generic, which I understand as most people may not have tried to help themselves and may benefit, but what it means for me is I now have another 8 weeks to wait to receive any help. It would have been better to just send the material with no Teams meeting."***

**Leeds Community Pain Service (LCPS)** are now running a missed appointments survey for patients who have missed appointments, to find out the reasons behind this and learn what improvements need to be made to better support access for patients.

Feedback showed that often people were not aware they had an appointment, or they felt a telephone appointment was not beneficial when assessing physical pain. There were also suggestions around more flexible appointment times and the need for support when accessing online appointments.

As a result of listening to both patients and staff, LCPS has begun making changes to their appointment processes. They are now piloting an initial appointment process that is clearer for patients, so they know what to expect during the appointment

**Pulmonary Rehabilitation Virtual Programme** - the Respiratory Service wanted to learn more about barriers and reasons that some patients are not choosing to take up the offer of the Pulmonary Rehabilitation programme, which is currently being offered virtually due to the COVID-19 pandemic.

Feedback showed that most patients (86%) felt they had a good understanding of Pulmonary Rehabilitation, and their reasons for not wanting to attend related to preferring face to face classes and concerns about digital technology. The service is now beginning to re-offer face to face sessions and information booklets are being provided to explain the expectations of the rehabilitation. Virtual classes and home exercise programmes are continuing to be offered and the service are ensuring feedback is being collated from the post-virtual rehab groups to help shape future programmes.

**Tier Three Weight Management Service** - a service user shared that they had difficulties in joining an online session with the service. The service user suggested the development of a step-by-step guide to help people who are not as familiar with digital appointments and sessions. The service developed a guide which will be sent to all patients who are offered a virtual session. The guide also contains information on the six Digital Inclusion Hubs in Leeds that patients can access for technical support if needed.

### **Patient and Service User Satisfaction**

(The data was extracted from a live system on 9<sup>th</sup> May 2022 for 6 April 2021 to 5 April 2022)

We continually seek feedback from our patients and service users of their experience. In 2021/22, 4757 Friends and Family Test (FFT) responses were given. Of those, 1762 using the online survey, this is around 37% of all responses to the FFT showing that this is proving a popular option for people to provide feedback. Prior to 2021, the FFT was delivered in paper format only.

Survey results showed that 4471 or 93.9% of our patients/service users felt our services are good or very good, with 3817 or 80.24% rating the service as very good, 137 or 2.8% rated the service as poor or very poor, with 76 or 1.6% rating the service as very poor.

Feedback included ***‘very thorough and very reassuring. Exercise regime well explained and easy to remember’*** for our Musculoskeletal Service. Feedback for our Children’s Community Nursing Team included ***‘well explained info, friendly [.]’***. Examples of feedback for our Neighbourhood Teams included ***‘poor with getting here but good from nurses when they arrive.’*** and ***‘every nurse was caring, friendly and very professional’***, and our Weight Management Service received the following

feedback ***‘Every person I have spoken to during my short time with you so far have been amazing so supporting and understanding, I could not ask for a better team to be with’.***

### **Satisfaction Within Groups**

Leeds Community Healthcare NHS Trust are committed to addressing inequity. It is important to us to ensure that we are meeting the needs of all patients and service users including those with protected characteristics under the Equality Act 2010. In consideration of the low percentage of responses of demographic diversity in 2020/21, our Engagement Team reviewed how feedback could be more accessible with services and our Health Equity Lead. Initial improvements included broadening our standard questions which now include age, disability, ethnic group, gender, and sexual orientation. In addition, the Trust Health Equity Lead is a core member of the Patient Engagement Champion network and has worked with the Champions to provide an introductory session on Health Equity, to consider how to improve diverse groups’ access, experience, and outcomes. Responses remained low and we will continue to encourage reporting.

### **Complaints, Concerns and Compliments**

**(The data is taken from a live system and was retrieved on 6 April 2022)**

Every time someone chooses to tell us about their experience of our services or staff, it is a unique opportunity for learning and improvement. As an organisation LCH seeks to share and celebrate good practice while appreciating the courage of those who speak up when the expected levels of service are not met.

In 2021/22 the Trust received 1624 compliments, concerns, and complaints. This was an overall increase in feedback from the previous year, there has been a notable increase in concerns and reduction in compliments.

Year	2019/20	2020/21	2021/22
Compliment	1564	982	929
Concern	431	366	594
Complaint	174	103	101

## Complaints

A complaint is an expression of dissatisfaction made to LCH either verbally or in writing that requires an investigation and whether found to be justified or not, must be responded to in writing.

A review of the complaints process was initiated in 2021/22 with an aim to increase patient involvement, the new process is being piloted currently. This work will continue during 2022/23.

As a learning organisation, Leeds Community Healthcare NHS Trust is proud about how it ensures our patients and services users experience of care delivery is used to support service improvement. When care is not positive, we act and learn from our patient's feedback.

**Complaints have remained stable this year, with 101 new complaints received in 2021/22. Of the 101, 74 related to LCH service only, 21 related to LCH and other organisations (multi-sector complaints), five were withdrawn, and 1 was rejected.**

LCH is a provider of NHS funded services and we comply with the NHS regulations. If people are not happy with the outcome of their complaint, they can ask the Health Service Ombudsman for a further review. In 2021/22 the Ombudsman received one complaint by Leeds Community Healthcare NHS Trust which is ongoing.

### **Complaints received within the year by Team/Service:**

The teams with the highest complaints have been included, the remaining complaints were received across 45 teams with three or less per team.

Service	Complaints
Leeds Sexual Health	10
Patient Experience Team	5
Health Case Management	4
Leeds Mental Health and Wellbeing Service	4

Musculoskeletal Service	4
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Nine of the ten complaints for Leeds Sexual Health related to patients having difficulty accessing the service. The telephone system in Leeds Sexual Health was not initially designed to support telephone contact as the primary contact method. When drop-in appointments could not be offered due to COVID-19 restrictions, the telephone lines struggled with the increase in demand. This has now been resolved with a new telephone system and complaints and concerns have reduced.

### **Complaints received within the year by Subject for five and above:**

This is a similar picture to last year as the highest areas of complaint subject. Last year the Appointment category was third with 16 complaints. There were three complaints relating to Appointments this year which may relate to a difference in how the complaints have been categorised.

<b>Subject</b>	
Clinical Judgement/Treatment	36
Attitude, conduct, cultural, dignity	20
Communication Issues	18
Access and Availability	7

The 36 complaints relating to Clinical Judgement were evenly spread across 26 teams. The highest concentration related to MSK where there were three complaints, there were no themes. The 20 complaints relating to Attitude were spread across 17 teams and the 18 Communication complaints related to 14 teams, the highest team being Leeds Sexual Health with four complaints, three relating to the telephone line. An overall emerging theme this year has related to patient's experience of end-of-life care at home. Work is ongoing to understand how LCH can better support end of life patients with our hospital and hospice partners.

We continue to share learning from complaints and develop learning posters for learning that applies to the wider organisation.

### **Learning from Complaints**

Leeds Community Healthcare NHS Trust is committed to learning from complaints to continually improve services. Examples of learning are detailed below:



<b>Issues Raised</b>	<b>Key Changes Identified</b>	<b>What Difference Will This Make?</b>
<b>Differences in skin and hair care for a child of Black background were not considered during care provision.</b>	A need for staff to have access to training materials and support to look after children's hair and skin, especially for children from Black or minority backgrounds.	An information library is being developed to support staff better support children.
<b>A referral from Children's to Adult services was not completed.</b>	Review of a pathway or process to ensure referrals are completed.	This will ensure continuity of care for children during transition to adult services.
<b>Regular contact was not completed with a patient as promised whilst the patient remained on a waiting list.</b>	Review of processes to ensure patient contact is maintained during periods of unplanned staff absence.	There will be continuity of care for patients and care will be provided in a way that has been agreed.
<b>LCH received a trend of complaints relating to patients being unable to access Leeds Sexual Health by telephone.</b>	The organisation worked closely with providers to develop a new telephone system that could manage the increased volume of calls to the service.	Patients are now able to contact the service and calls are triaged by the system to the most appropriate place.
<b>A patient visit was cancelled without consultation with the patient or family.</b>	We will ensure we communicate with patients prior to rescheduling a planned visit.	This will ensure patients are partners in their care. It will also ensure an assessment is completed to ensure the visit is safe to reschedule.

Where complaints relate to attitude of staff, reflective conversations are completed with those staff members involved and appropriate next steps agreed to promote learning.

## Concerns

A concern is a request for the resolution of a problem or difficulty with an LCH service, facility or staff that requires minimal investigation and can be resolved verbally. When a concern cannot be resolved to an individual's satisfaction, a further plan is agreed to reach a resolution.

**There were 594 new concerns received in 2021/22.**

All concerns are shared with the service. Concerns are responded to directly wherever possible, and services utilise the feedback to create service improvements where possible.

### Concerns received within the year by Service:

Service	Concerns
Leeds Sexual Health	135
Podiatry	57
MSK	43
Leeds Mental Health and Wellbeing Service	38
Patient Experience Team	31

The key theme for Leeds Sexual Health related to the telephone system and patients not being able to contact the service at first attempt. A theme within the Podiatry concerns related to delayed appointments and reduced visiting, Podiatry and MSK were services that were paused or partially paused under national direction to support the COVID-19 response, and staff redeployed to other areas that meant some non-urgent visits were delayed. Leeds Mental Health and Wellbeing Service has seen a significant increase in demand for the service with an associated increase in waiting lists. Feedback suggests some of the increase relates to the impact of the pandemic and lockdown on mental health. As an organisation LCH has prioritised safety and management of waiting lists as can be seen from next year's Trust Priorities in Part Three.

There were no themes in the concerns recorded for the Patient Experience Team, the concerns did not relate to the team specifically, and included signposting queries for example.

### Concerns received in year by Subject:

Subject	
Clinical Judgement/Treatment	131
Communication Issues	121
Appointments	105
Access and Availability	59
Attitude, Conduct, Cultural and Dignity Issues	39

The category areas for concerns are reflective of the impact of the pandemic.

### Compliments

A compliment is any positive or appreciative statement about LCH staff, services or facilities based on the experience of the person making the compliment.

There were 929 compliments received during 2021/22, an 5.4% reduction from the previous year, and a 40.6% reduction on 2019/20. Feedback suggests that although the numbers of recorded compliments are less, the teams are receiving similar numbers. Due to reduced staffing in teams and increased demand resulting from the impact of the pandemic, teams have not recorded all compliments in the system.

### Compliments by Service above 30:

Service	
Children's Speech and Language	70
Morley Neighbourhood Team	69
Health Case Management	47
Community Falls Service	40
Yeadon Neighbourhood Team	33
Homeless Health Inclusion Team	33

Compliments included:

### **Adult Services**

*'We (are) so lucky to have such a wonderful team in our neighbourhood team. Thank you once again. Thank you so much for the care and kindness given to me during my recent illness it was greatly appreciated'.* Meanwood Neighbourhood Team, April 2021.

*'You can't begin to understand what it meant to us to have such wonderful support. I will always be grateful. You treated him with such care, dignity & respect and enabled him to stay at home with his family in the final stages of his illness. I Could never have done it without you'.* Chapeltown Neighbourhood Team, July 2021.

*'Thank you for everything you have done. We really couldn't have done it without you'.* Health Case Management Team, November 2021.

### **Children's Services**

*'Thank you for all your help and support'.* Children's Continuing Care Short Breaks, May 2021

*'Thank you so much from the bottom of my heart for all the help you have given me over these last few months. You have helped me loads in loads of ways'.* Infant Mental Health Service. July 2021.

*'Discharging a patient, who had been transferred to the adult services....Mum wanted to pass her thanks to staff who had been involved over the years in caring for her son and myself for my involvement during the last 4 years'.* Children's Community Nursing Team, April 2021.

### **Specialist Services**

*'Can you pass on my thanks to the ladies that I saw yesterday at woodhouse health centre. I just want to say how brilliant they were with me. It was something I was dreading having to have done. But honestly they were absolutely amazing, (...), they put me at ease and if I had known I would have had this done ages ago'.* Podiatry Service, April 2021.

*'Thank you so so much for everything you have done for me, I really appreciate it. You've really helped and re-assured me during a distressing time and given me a bit of hope for help!'* Leeds Mental Wellbeing Service, June 2021.

*'Thank you for high level of support and help I have received from the TB Team. I cannot thank you enough for your kindness. The treatment was very hard at times but you helped by always being so friendly and supportive'.* TB Service, March 2022.

## Part 2 Review of Quality Performance 2021/22

This section reviews the priorities we set for 2020/21 and describes what we have achieved during the year. There is further evidence of achievement of the priorities across the wider Quality Account.

### Priority One: Build our services back better

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
Reducing COVID-19 related backlogs as part of a wider programme of work to develop and embed standardised sustainable approaches to measuring, recording, reporting and managing waiting lists led by clinical assessment of need	<p><b>Improving Patient Flow and Prioritisation Programme (IPFP Programme)</b></p> <p>The aim of the programme was to ensure that all our services are doing the right things, at the right time, in the right ways to make sure that we look after the patients waiting for our care in a sustainable and safe way.</p> <p>We have developed new predictive models that our services can use to visualise when their waiting list would reach a sustainable size. We have also supported teams to recruit new staff to help see more patients that are waiting, including using evening and weekend appointments in some services. Our next steps will be to focus on training and empowerment for operational services to use this more regularly and with confidence.</p> <p>Work has continued to scope out the required changes to SystmOne to ensure that all services are using standardised approaches, but this work is still in its early stages. To support the learning for what design solutions would best meet organisational requirements, a series of workshops will take place during Q1 2022/2023 to explore the</p>

	<p>most suitable solutions. All other project areas remain on pause and conversations are ongoing regarding the future of this programme throughout the next financial year.</p> <p>Backlogs do remain in several services, and the position during Q4 has worsened in some services following the impact of COVID-19. LCH has prioritised the focus on waiting lists in next year's Priority '<b>We will continue to rebuild our services with a focus on our waiting list backlogs through continuous improvement</b>'.</p>
<p>Developing and embedding new ways of working that offer different means of accessing and experiencing our services dependent on need and suitability for the patient</p> <ul style="list-style-type: none"> <li>• digital approaches</li> <li>• establishing infrastructure and processes that enable services to produce appropriate and effective self-management materials</li> </ul>	<p>The <b>Digital Clinical Enablers Steering Group</b> was established in April 2021 to drive forward the agenda around digital clinical tools to improve both the patient and clinician experience alongside improvements to the city-wide system. Workstreams included:</p> <p><b>Pathology/Radiology Requesting and Results (ICE)</b> - during 2021/22, an ICE Pathology Toolkit was developed to guide services through the process of using ICE to request and receive Pathology investigations electronically through SystmOne. ICE Pathology has been implemented for ICAN during 2021/22 and a joint LCH/LTHT (Leeds Teaching Hospitals Trust) group has been initiated for the ICE implementation over the coming year for further services.</p> <p><b>Electronic Prescribing (EPS)</b> - a service e-Prescribing readiness checklist has been developed for the organisation. In 2021, the system was fully implemented in ICAN, Cardiac, Virtual Ward for Frailty in Seacroft Neighbourhood Team and the Palliative Care Team.</p> <p><b>Digital Dictation</b> - digital dictation was implemented in ICAN and Community Gynaecology and implementation in CAMHS is underway.</p> <p><b>Self-Management</b> - the aims of the self-management project are:</p> <ul style="list-style-type: none"> <li>• Enhance patient experience by providing greater choice, and timely information.</li> </ul>

	<ul style="list-style-type: none"> <li>• Augment treatment options available to patients through the provision of self-management materials.</li> <li>• Increase service delivery capacity through enabling appropriate self-management of conditions by patients.</li> <li>• Improve waiting list management for services by increasing efficiency of patient flow from point of referral to treatment.</li> </ul> <p><b>Digital Engagement and Inclusion</b></p> <p><b>Community Diabetes</b> – the team have used feedback to improve the accessibility and functionality of their virtual offer. Additional support was specifically targeted at smartphone users to ensure they receive an optimal virtual offer.</p> <p><b>Digital Access for Carers initiative</b> – this is an initiative that funded 20 Samsung tablets with Charitable Funds. The tablets, along with pre-loaded sim cards are being gifted to unpaid carers accessing LCH services to allow virtual access to services, appointments, and healthcare information.</p> <p><b>100% Digital Leeds</b> – LCH is working in partnership with 100% Digital Leeds, who provide Digital Champion training. Several LCH staff have attended. The service also loans digital equipment to support people across Leeds with access to digital equipment that LCH can refer our patients and carers to.</p> <p>All projects are continuing in 2022/23.</p>
<p>Embedding use of Quality Impact Assessments to assess the impact of new ways of working / changes</p>	<p>The Quality Impact Assessment process was revised, and equity was included to ensure changes in practice also consider health equity as a priority.</p>

on health inequalities and ensure that mitigations are in place	<p>The Equity and Quality Impact Assessment (EQIA) process continued to embed across the year. Business Units developed internal governance processes to support the development and progression of EQIAs. EQIA panel meetings are held monthly with exception meetings arranged as required.</p> <p>A local internal audit was completed in Q4 by the Clinical Governance Team that identified areas to strengthen in the post panel review stage. Changes were implemented and re audit will be completed.</p> <p>Awareness raising of the requirement to complete an EQIA continues.</p> <p>Feedback from the panel meetings included <b><i>‘what I really enjoyed was the EQIA panel, being able to talk through the change implemented, the benefits and the negatives (if any). It was a good opportunity to showcase how innovative the service had been during a global pandemic and that patients had welcomed these new services’</i></b> and that <b><i>‘the panel was very engaged in the process, asked relevant and valid questions which I was able to respond to’</i></b>.</p>
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**Priority Two: Play a full part in #TeamLeeds’ ongoing response to COVID-19, standing ready for further surges, supporting the vaccination programme, supporting system resilience and patient flow**

<b>What we said we would do:</b>	<b>What we achieved and how we will continue to work towards the priorities:</b>
Maintaining leadership and support for the vaccination programme	Please see our introduction.
Maintaining ‘mutual aid’ staffing arrangements that support provision	A workshop was held in Q1 with key stakeholders to develop a culture and engagement plan to support mutual support as an approach across the organisation to improve our



<p>of essential Trust and partner services</p>	<p>resilience. This was launched at the end of July. Throughout the remainder of 2021/2022, the Resourcing Team's focus has continued to be on maximising capacity across Leeds.</p> <p>Colleagues from teams across the organisation supported clinical teams in need throughout the year, feedback was positive and included <b><i>'whilst spending time with teams is critically important and a monthly diary commitment in my role as Assistant Director of Nursing, the last 2 years of escalated operational pressures and COVID-19 related sickness provided an opportunity to provide mutual aid in a truly clinical capacity. It is always a privilege to provide nursing care to our patients in the community and a reminder of the daily challenges our clinical colleagues face in doing so, whilst considering ways we can further enhance our systems and processes. This also gave a great opportunity to provide on-the-job supervision at an exceptionally difficult time for our workforce'</i></b>. Sheila Sorby, Assistant Director of Nursing.</p>
<p>Working with partners to develop / further develop and implement service developments and initiatives in the city plan that prevent admission and improve discharge from LTHT – COVID-19 rehab, Stroke, Virtual Ward (Frailty), Virtual Respiratory Ward, HHIT, Therapy Supported Discharge, CIVAS, Night Care Home Response Pilot</p>	<p><b>Enhanced Community Response</b> – there has been continued progress with partners over the year to increase the caseload capacity of the Virtual Ward (Frailty) to 60 by 2022/23 Q3. The average daily caseload in February 2021 was 31 and 44 at the end of January 2022.</p> <p>Several key improvements have and will support the ongoing increase in intended capacity, including electronic prescribing and use of ICE for Pathology results.</p> <p><b>System discharge flow work</b> - The transfer of care hub is now in operation; this is the local health and social care system-level coordinating centre based in St James' University Hospital that links all relevant services across sectors to aid discharge and recovery in Leeds.</p> <p>The hub works at system-level whereby all relevant services coordinate care and support for people who need it. It is responsible for developing timely and person-centred 'step-down' or 'step-up' plans for people based on the principle of 'no place like home'.</p>

### Priority Three: Promote and support the health and wellbeing of our workforce

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
<p>Explore the health &amp; wellbeing needs of diverse communities and groups within the Trust.</p>	<p>The LCH Health &amp; Wellbeing Group, with the support of the Trust's Non-Executive Health &amp; Wellbeing Guardian, continues to anticipate and respond to the needs of the workforce, with recent focus on Menopause and ongoing attention to supporting Mental Health in the workplace.</p> <p>Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.</p> <p>The Board's development workshops in 2021/22 included Cultural change and the impact of the first two cohorts of the LCH Allyship Programme and group discussion around "white privilege"</p> <p>LCH has received accreditation as a Disability Confident Leader, one of only 22 NHS Trusts, in recognition of the public commitment shown, and progress being made in Equality and Diversity.</p> <p>The Board receives in-depth analysis and regular updates on a range of proactive work around this wider agenda, through the Workforce Strategy. This includes delivery against the Workforce Race Equality Standard (WRES) action plan and the Workforce Disability Equality Standard (WDES) Action Plan.</p> <p>A new Equality, Diversity and Inclusion Forum launched in October 2021, chaired by the LCH Chair, which aims to bring employee perspectives, experiences, and ideas in pursuit of our ambition to be much more representative of our communities and to further tackle and reduce outstanding issues of disparity in staff experience.</p>

	<p>The Board's development workshops in 2021/22 included Cultural Change and the impact of the first two cohorts of the LCH Allyship Programme and group discussion around "white privilege"</p> <p>Our Allyship Programme continues to grow with 35 Allies who want to support and speak up for their BAME colleagues and currently advertising a fourth cohort. Another NHS trust commissioned us to deliver the Programme, with the second cohort starting shortly. Our Reverse Mentoring scheme has continued at pace bringing the total number of participants who have benefitted from having a BAME mentor to 38.</p> <p>LCH believes in workplaces where all LGBTQ+ people are accepted without exception and promotes this through the NHS Rainbow badge, which currently has over 600 staff members, who are Rainbow Ambassadors. LCH secured one of only 40 places, to be involved with Phase II of the Rainbow Badge initiative, moving away from pledge based towards an assessment model: Bronze, Silver or Gold. A Rainbow Ambassadors Group actively participates in LGBT History Month and Pride Month.</p>
<p>Provide and expand a comprehensive Health and Well-Being offer to our staff.</p>	<p>Over 40 different types of emotional, psychological, physical, and social interventions have been designed, developed and implemented in response to the health and wellbeing need of our LCH colleagues and create a more compassionate culture. LCH has targeted support to individuals and delivered over 60 sessions as well as working with a range of teams experiencing significant trauma such as end of life care and the Sudden Unexpected Death in Childhood Team.</p> <p>Other interventions include:</p> <ul style="list-style-type: none"> <li>• Appointment of an additional Clinical Psychologist role focused on workplace wellbeing</li> <li>• Improved communications and promotion of broad range of health and wellbeing interventions and support available for staff</li> </ul>

- Continued focus on Employee Voice, including regular Team LCH and cohort-specific discussion and feedback sessions, weekly engagement with Trade Union colleagues, and additional promotion of our award-winning Freedom to Speak Up service
- Introduction of Schwartz Rounds
- Space to support staff who were shielding, which led to the establishment of the shielding staff reference group.
- Continuation of a fortnightly Men's Health forum which started in July 2020.
- Introduction of clinical support to staff after serious incidents and psychological trauma.
- Establishment of a working parent's group to deal with challenges during lockdown which was attended by over 200 parents.
- Weekly clinical drop-in sessions which supported staff and created space to talk about work pressures and emotional challenges.
- Our Freedom to Speak up Guardian and Clinical Psychologist supported staff suffering from domestic abuse and violence. Some aspects delivered by our Clinical Psychologist were supported through face-to-face visits with staff working in the community and this aided a more tailored response to those staff.
- Development of educational resources to support staff. These included Mindfulness bite-sized sessions and Acceptance and Commitment Training/Therapy. Sessions were designed and delivered to staff facing significant challenges on stress and burnout with sign posting to further support as required.

	<ul style="list-style-type: none"> <li>• Development of a Facebook page dedicated to Health and wellbeing with over 500 members. This continues to move from strength to strength as more staff hear about it and access the materials, resources, and signposting.</li> </ul> <p>Our culture of engagement was fundamental to our approach to looking after our people during the pandemic. This included but not limited to 50 Voices group (approx. 80 staff participated), the Shielding Group, which offered support to our 130 staff who were shielding, the Race Equality Network Group with over 145 members, Rainbow Ambassadors with over 170 members and Leaders Network. In addition we maintained informal and formal engagement mechanisms with Trade Unions.</p> <p>This year, a new cohort of prospective Mental Health First Aiders (MHFA) has expressed interest in being trained through a city MHFA scheme.</p> <p>As living costs rise, a closer focus is being paid to Financial Wellbeing, with work on promoting pensions uptake, a review of the InstantPay initiative introduced for bank workers, and access to financial advice available via the Employee Assistance Programme.</p>
<p>Equip leaders with the appropriate skills, knowledge and confidence to hold effective health &amp; wellbeing conversations and risk assessments as a regular part of 1:1s, appraisals and other conversations with their team members</p>	<p>Support for leaders across the organisation included creating space to talk about the challenges of managers leading staff during COVID-19. Children's Services were particularly affected with safeguarding issues, and this was supported with space to listen to and support staff. Wellbeing conversations have become integral to the appraisal process and the ongoing support of staff and teams, including during supervision.</p> <p>Health &amp; wellbeing conversations are part of the line manager / employee relationship, with individual, sensitive conversations practised throughout the pandemic as part of the Individual Risk Assessment process and extending into regular line manager / employee discussions as well as into appraisals.</p>

	<p>Specific health and wellbeing questions have been introduced as part of an Appraisal project in ABU. Learning from this project will be considered as part of an LCH review of Appraisal processes taking place in the early part of 2022/23.</p> <p>The HR Business Partners continue to provide support to Service Managers deal with often sensitive and difficult wellbeing conversations with staff.</p> <p>LCH's new Disability Confident Leader accreditation is evidence of its comprehensive approach to supporting employees and prospective employees with a disability or long-term condition</p> <p>The LCH Leadership Programme, including in particular its Manager As Coach module, continues to equip leaders with additional skills to support staff. Up to date guidance and briefing notes on key topics are shared with leaders through leaders' network or via Mid-day briefing to ensure they are kept up to date with the latest local and governmental guidance.</p>
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**Our colleagues shared their experiences of their diverse roles and of how supportive LCH is as an employer. Here are some examples:**

[Health and Justice Nursing and the impact LCH makes in supporting patients](#)

[Making a difference - our 0-19 Team](#)

**Priority Four: Develop integrated provision with a stronger focus on prevention, self-management and pro-active care**

<b>What we said we would do:</b>	<b>What we achieved and how we will continue to work towards the priorities:</b>
Playing a full part in the Integrated Care Partnership, develop	The Trust continues to be involved in several workstreams to support the formation of the Leeds Committee of the West Yorkshire Integrated Care Board.

<p>collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city</p>	<p>Steered by the Integrated Care Partnership (ICP) Development Board, of which the LCH Chief Executive is an active member, the Trust is involved in several workstreams to support the formation of the ICP, as detailed in the earlier Priorities.</p> <p>A Place Based Partnership operating model is being finalised alongside communication and engagement tools which will be used to help describe the main commissioning changes to staff and people before they come into effect in 2022. The Leeds Health and Care Partnership is meeting in shadow form and are making the move towards more place based, population focussed commissioning.</p> <p>NHS England and the Local Government Association are supporting Leeds' participation in a Place Development Programme which will support us in transforming our partnership arrangements to becoming even stronger as we move into the new arrangements from July 2022.</p>
<p>Developing community offers that support people to keep well / stay at home or in the community maximising partnership working with primary care, the 3rd sector and other healthcare partners e.g. Care Home Support development (EHCH), , development of integrated nursing clinics with primary care, Urgent Community Response developments, Integrated rehabilitation and reablement local offer, Community Cancer Support Service.</p>	<p>Work continues under this overall ambition and is evidenced throughout the Account.</p> <p>The Community Cancer Support Service has been successfully rolled out to seven Primary Care Networks (PCNs) in Leeds, providing personalised care and support for patients living with and beyond cancer. It evaluated very positively with both patients and professionals in November 2021 and in 2022 has secured an additional year's funding from Macmillan Cancer Support to continue the development of the service. Since September 2020 the Service has received 488 referrals, 42% of these have been for patients at the end of their treatment.</p> <p><b>Patient feedback:</b></p> <p><i>"This service is an excellent way to bridge a gap in support that is very clearly there. It has really helped me. I hope it can be accessed across Leeds now as I met some</i></p>

*patients who couldn't access it because of postcode and whom I felt needed it more than me."*

*"To be able to chat to a specialist nurse about anything treatment or personally related was really helpful, as it felt like a gap was being filled by someone who had the time and expertise to do it."*

*"Being diagnosed with cancer is a massive shock. I just got on with getting through treatment etc. wanting it to be all over. I didn't realise the effects of the trauma might continue for months. So really good to have your support through the ups and downs."*

**Professional feedback:**

*"Very positive experience of the team very prompt to see patients and relay back if any patient needs. Patients have valued the support closer to home. As a community service [it] provides that continuity and link for us as hospital practitioners. Only thing to improve is widening their scope to city wide"* Feedback from Hospital Clinical Nurse Specialist

*"I feel that the CCS service has had an incredible impact, it has helped keep a patient engaged with the chemotherapy. Without this service I think the outcome would have been different. The working together across primary and secondary care is very effective in giving good care to the patient and using health resources well."* Feedback from Hospital Clinical Nurse Specialist

**The Neighbourhood Model Transformation Programme:**

- Work has been undertaken to align the Virtual Ward (Frailty) with the urgent community 2-hour crisis response service. Virtual Ward (Frailty) commenced 8am-8pm working and referral acceptance, 7 days a week in September 2021.



- Virtual Ward development continues, for example by aligning/sharing processes between Frailty and Respiratory wards and a future model for a Cardiac pathway is in development.
- “Enhanced Community Response Service” development commenced that involved integrated working with the Virtual Respiratory Ward and Cardiac Services to adopt shared processes.
- Work is ongoing between LCH, Primary Care and the local hospices to improve communication between the services to manage patient care. This has included enhancing our digital communication pathways with emphasis on developing distinct routes defined for managing the priority of care to support patients to be cared for in partnership in their homes. A new digital referral has also been developed between Primary care and the Neighbourhood Teams
- The Transformation programme is currently redesigning the pathways for referral management and triage of existing patients within LCH and the community. The revised process will ensure that patients are triaged to be seen by the most appropriate professional in the most appropriate setting. One ambition of this is to maximise the independence of patients by providing care where appropriate in the integrated clinics
- The Transformation programme is also progressing a pilot to manage planned and unplanned care separately to assure responsiveness by maintaining system flow and keeping patients at home. Both teams will be multi-disciplinary and continue to work in an integrated way with each other and system partners. The delivery of planned care will allow the services to maximise the proactive management of care and have access to step up care for patients who may be sub-acutely unwell.

	<ul style="list-style-type: none"> <li>• Our rehabilitation offer is being transformed to account for the changing needs of our population, national strategy and to work more cohesively as a system.</li> <li>• Work has continued to develop the integrated citywide falls offer with close working between LCH and LTHT, including the development of a virtual MDT clinic and refresh of acceptance criteria and an integrated falls pathway to ensure consistency of assessment and care for complex falls risk patients.</li> </ul>
Develop more integrated working and pathways between services within and across BUs and with partners e.g. engagement in LCP development and initiatives across all 3 BUs, integration between NTs and both ABU city-wide and SBU services, development of CBU 'offers' and transition pathways from children's services to adult services	<p>LCH's Director of Nursing and AHPs has engaged extensively with GP Confederation, PCN Clinical Directors and other primary care stakeholders about a draft Integrated Care proposal. The proposal sets out a shared commitment to progressing and accelerating our vision of a single team working across a PCN area to care for the population. It defines how we will shift to ensure we are working as one team to serve the population.</p> <p>LCH attends the <b>Mental Health Board</b>. The delivery plan is currently focussed on adults but will be extended to incorporate children.</p> <p><b>First Contact Physiotherapy</b> - LCH are currently delivering MSK first contact physiotherapy services in seven Primary Care Networks. Face to face appointments have resumed in most clinics at the request of PCNs.</p> <p>Children's <b>Communication Offer</b> – the Communication Offer has now completed its mapping, and a full pathway is being launched at the end of March 2022, alongside the refreshed Children's Business Unit Strategy for 2022-2055. This Offer brings together services that currently support children, young people and families with communication</p>

	<p>difficulties, across three levels of intensity: Universal, Universal Plus/Targeted and Specialist interventions.</p> <p><b>Pressure Ulcer Group</b> - the citywide pressure ulcer group is now working with the Health &amp; Care Academy to scope a Leeds wide pressure prevention training offer for all sectors. A working group of subject matter experts has been established and having agreed the content are now working on an implementation plan across all sectors.</p>
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The Growth and Nutrition Service highlighted great integrated working within LCH and with wider partners. They also focus on maximising the health and independence of their patients and families:

### **Growth and Nutrition Service, October 2021 Board Story**

The case relates to a child with complex health needs who is under the care of the Growth and Nutrition Service in ICAN.

The child was referred to the service with complex feeding issues and faltering weight and was seen by a paediatrician, and clinical psychologist. There was initially professional and parental anxiety about her weight gain. Due to further weight loss from illness, a nasogastric tube had been placed for artificial feeding. At the time of the first appointment, the family's journey had been incredibly challenging.

At the initial appointment with the service, the family's goals were for her to be able to feed orally rather than artificially; to understand the cause of the eating difficulties and clarify any underlying medical conditions. By working together, family and professionals were able to achieve this in a relatively short period. Despite the challenges of COVID-19, the child progressed well with her eating and the nasogastric tube was removed in August 2020.

The service works across many teams in LCH and is one of only a handful of similar services in the country. They are passionate about their work because they know that if parents are really worried about a child's eating it can impact on the whole family – and that they all gain from a successful outcome.

**Priority Five: Work pro-actively across the organisation and with #TeamLeeds to understand and improve health equity**

What we said we would do:	What we achieved and how we will continue to work towards the priorities:
<p>Develop focus and competencies in all services and corporate functions to understand, mitigate and reduce health inequalities in existing delivery and service change, including the robust use and review of EQIA processes</p>	<p>Equity will be embedded in proactive approaches within our services and corporate functions of quality, including research, evidence-based guidance and outcomes. It will be part of the review of incidents and within patient experience to understand any inequalities affecting specific communities or communities we are not hearing from and why, and act to address these.</p> <p>The implementation of the combined Equity and Quality Impact Assessment process has been completed and is now in use. This included a series of dedicated equity training workshops to ensure our teams had appropriate competency to develop the equity element of the EQIA in addition to the overarching training for the process.</p> <p>Each EQIA is reviewed by a monthly panel to ensure risks and opportunities are identified and action taken. This includes a strong focus on equity to ensure change in practice do not cause any inadvertent disadvantage.</p> <p>Recent EQIAs have considered greater access to services including an EQIA from Health and Homeless Team to relocate and increase the beds in the bedded unit to improve access to healthcare for a known vulnerable population.</p> <p>Leeds Sexual Health Service made changes to improve access to treatments and increased patient choice. The new option for treatments to be posted can benefit people living in poverty by removing the cost of travel to clinic.</p> <p>A new clinic for sex workers and other vulnerable groups offers TB screening, COVID-19 vaccination and can also fit IUD contraception as well provide sexual health assessment and treatment.</p>

<p>Improve access to and understanding of new and emerging data to better understand, mitigate and reduce impact of service changes on health inequalities</p>	<p>As our Health Equity Strategy progresses, all services will review data and other sources of information that tell us about access, experience and service impact on diverse communities' health. We will share what we find out and work with communities and partners to make improvements. We will continue to improve the recording of diversity and inclusion data, starting with ethnicity, postcode and communication requirements.</p> <p>Our health equity dashboard now gives services access to their own data, this can currently be broken down by ethnicity and deprivation (IMD) for referrals, appointment and visit outcomes, and Therapeutic Outcome Measures. Further bespoke reports have also been developed to better understand our waiting lists, by ethnicity, deprivation and interpreter requirement.</p> <p>Population equity data is being considered within our governance reports and includes mortality review and reporting and patient safety incident review and reporting.</p>
<p>Improve communication and access to services through implementation of Accessible Information Standards</p>	<p>The mandatory communication template update as part of the Accessible Information Standard implementation is live in SystmOne. This will enable us to understand, flag and share people's communication needs and put actions in place to address those needs to improve access, experience, and outcomes for people with additional communication needs.</p> <p>The Patient Experience Team are supporting services across the organisation to implement the Standards and consider easy read options and support communication in different languages.</p>
<p>Test new partnership approaches with the 3rd Sector that drive reduction of health inequalities</p>	<p>In 2021/22 LCH and third sector partners developed and started implementing a Third Sector Strategy. This was paused from November to March because of COVID-19 pressures on services and third sector partners.</p>

	<p>LCH supported six third sector partner bids for NHS Charities Together funding. Both BASIS and BID were successful. BASIS have been working with LCH services to improve access to services for female sex workers and/or women who are sexually exploited. BID have been working with LCH services to support people with sensory impairments.</p> <p>We are pleased to work with and fund the Leeds Older People Forum to launch the Enhance Programme. The Programme is making £25 - £100,000 available to third sector organisations to test and develop partnership approaches. The approaches should support safe and sustainable discharge from hospital and Neighbourhood Teams into a secure home environment, link Neighbourhood Teams with third sector organisations to enhance capacity in both sectors and avoid both delayed discharges and readmissions.</p>
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Moving into 2022/23, several workstreams will continue due to their ongoing importance. This includes our continual commitment to support the health and wellbeing of our workforce, our aim to move from intent to action in identifying and addressing inequity, and our commitment to work with our system and third sector partners. Each of these areas for continued development are reflected in the 2022/23 Trust Priorities. A number of projects will continue into the new year in addition to a number of planned new projects.

## **Supporting Quality Improvements**

### **Adult Business Unit**

**Night Care Pilot** - our Community Night Nursing Service is working in partnership with Age UK's Home Comfort Service to provide registered nursing support to the Age UK team working in the evening and night times. The aim is to improve patient and staff experience during evening and night-time hours, to promote effective joint working to make the best use of skills available to meet people's needs, and to ensure more people are supported during the evening and overnight. This includes people with end-of-life care and support needs, and people on Virtual Ward caseloads. The pilot is being evaluated and it is hoped it will become a permanent offer.

**Therapy Supported Discharge** - working jointly with the hospital, LCH developed the pathway which is a therapy supported discharge at St James's Emergency Department. The team have proactively managed a small number of patients to assess them in their own homes and provide them with extra support to enable patients to transition through the hospital and community system in a smooth and effective way.

The team, made up of therapists and therapy assistant practitioners, aim to facilitate patients to return home from hospital as soon and as safely as possible, and with the appropriate level of support in place, reducing the length of stay and optimising patient outcomes. The pilot involves joint working between LCH, the hospital and Leeds City Council (Adult Social Care).

**Virtual Ward Frailty (VWF)** - in response to the requirements of the Urgent Community Response aspect of the NHS Long Term Plan this year, LCH has extended the hours of the Virtual Ward Frailty (VWF) to 8am to 8pm. The VWF is a collaboration between LCH, the hospital, Adult Social Care and the third sector and Primary Care Networks across the city. It provides co-ordinated care to sub-acutely ill patients, and responsive assessment and treatment of patients in their homes who are living with moderate or severe frailty and who experience an acute medical episode. The team consists of Consultant Geriatricians, Community Matrons who are Advanced Clinical Practitioners, Pharmacists, Nurses, Physiotherapists and Occupational Therapists and Support Staff.

## Children's Business Unit

### Bath Time Ducks - Safe Bath Times

Bath Time Duck stickers were developed to make bath time as safe as possible. They will be stuck on the inside of each Parent Held Record as a reminder of key safety messages for bath times. The Youth Board and the Parent Forum have reviewed and provided positive feedback on the stickers that are also in line with the safety messages from Leeds Children's Safeguarding Board.



**CBU Festival** - this year the Children's Business Unit held a celebration event to share the great work across their services and teams. A Father shared his experiences of working with the Infant Mental Health Team and accessing support around his relationship with his infant son. He highlighted the struggles of often feeling ignored as a father, and what he wanted professionals to consider when thinking about dads and shared what helped him to build a better bond with his child.



The ICAN service sang a Sea Shanty that highlighted their great work in developing digital pathways to support different ways of working during the pandemic and lifted everyone's spirits at the same time!



### A Digital Revolution

1. **A sea captain there once was,**  
**Lisa was her name,** they say  
the **tightest ship,** she did run  
**/ CAN not** re-call the name
2. **Alongside a crew of remarkable fame**  
The **ship** encountered a **mighty storm**  
The **craft** lay **adrift** on a **turbulent sea**  
Buoyed **on,** they **set** to **work**
3. The **ships'** crew **toiled hard night** and **day**  
With **sweat** and **tears** along the **way**  
They **rebuilt** the **ship** that had **almost sunk**  
Using **digital inno va tion**
4. **Shipmate Nicola** cried, '**I've got an idea**',  
Let's **patch** up the **CC A** pathway!  
We'll **use** old **skipper,** we **called** her **Jane,**  
An **expert SystemOne grafter!**

*Heave ho, lets get the job done  
No time to natter, drink gin or rum 😊  
Wey hey we are onward bound  
It's a Digital Revolution*

**Recruitment** - young people have taken part in numerous staff recruitment panels across the Children's Business Unit in 2021/22. The young people from the LCH Youth Board have been involved in developing this process. They have developed a guide for staff, assessment sheets and certificates for young people who take part. This approach gives another opportunity to involve young people, hear their opinions and views, and be responsive to the needs of young people from our communities.



It also gives young people the opportunity to ask their own questions such as *“I always get really anxious prior to attending appointments, what would you do to help reduce my anxiety to ensure that I attend?”* and “fun” questions as well such as *‘if you won a million pounds, how would you spend the money?’*

The Youth Board were involved in a recent interview panel for the role of Head of Service in PHINS. The Youth Board asked their own questions. They also developed a role play exercise and planned a presentation subject for the candidates.

Two members of the Youth Board Abbey and Sneha gave the following feedback after taking part in a recruitment panel.

Abbey wrote – ***‘Being involved in a recruitment panel was an amazing experience and I never imagined that I would be doing something like this. It was so rewarding being involved and I felt that my contribution was valued. I also learnt a lot about the recruitment process which will help me in the future when I apply for jobs’.***



Sneha wrote (Pictured) – ***‘Helping out with interviews is an amazing experience, since not only do you get to be on the other side of the panel judging answers, you can also better understand what a good answer looks like - very useful for the future. We discuss the candidate afterwards, and it's really nice to hear other people's views and talk about what was good and if anything wasn't.’***

Candidates have also given the following feedback around their experiences of being interviewed by young people.

***‘I was really nervous, but it was an amazing experience and the questions so different. I wasn't too sure what to expect but felt at ease straight away, the young people were lovely and I really enjoyed it.***

***Brilliant questions and the fun questions are great as well. This panel was just before the formal panel and I felt more relaxed going into the formal panel.***

***We should always do this, being asked if you were a Dinosaur and which one would you be and why? was brilliant and being able to introduce some humour with young people was great’.***

**PHINS 0-19 New Mums Facebook Group – Facemums** - Facemums was a research project where ladies who were pregnant joined a private Facebook group and had dedicated midwives throughout their pregnancy from 16 weeks gestation to 6 weeks postnatal via the Facemums group. As a service 0-19 PHINS had the opportunity to be involved in the research project and were the only 0-19 (Health Visiting) service to carry on the support in the group after the midwives left the Facemum groups when the babies were 6 weeks old.

Each group had one Health Visitor and one Family Health Worker, there were four groups. The project ran for 6 months and ensured that the mums in the groups had support until their babies were at least six months old.

Due to COVID-19 our service had to adjust its service offer. Parents of babies and toddlers who usually found support through peer support groups felt isolated as baby clinics were paused. Through Facemums, parents in these groups were able to find support in relation to their baby's health, development, and wellbeing.

The service posted daily public health messages to share evidence-based information or ask how everyone was feeling. Practitioners made sure that every single Facemum was supported alongside the 0-19 service offer. The practitioners were inspirational, and we are extremely proud of them.

The feedback from the Facemums was extremely positive, with all the participants feeling their understanding of our 0-19 service had increased and that they felt the support provided was useful and relevant. Moving forward this year we hope to recreate Facemums working in conjunction with Midwifery in Leeds Teaching Hospitals Trust.

**Instagram** - the service also started a six-month pilot to use Instagram as an additional method to send out key public health messages for young people. The 0-19 PHINS service launched Instagram in July 2021. This runs alongside the existing Facebook page. The team have fortnightly meetings where content is discussed across both Facebook and Instagram platforms and they ensure that they post once or twice a day and that the content is engaging, and evidence based. Examples of Posts:

# LGBTQ+ HISTORY MONTH

**1ST FEBRUARY 2022 - 28TH FEBRUARY 2022**

Today, we would like to raise awareness for Yorkshire MESMAC, one of the largest sexual health projects in Britain. MESMAC specialise in safe sex for members of the LGBT+ community as well as other marginalised minorities.

**Yorkshire MESMAC**

Yorkshire MESMAC can offer:

- 1 to 1 support / guidance on HIV, sexual health and 'coming out'.
- Free access to counselling.
- Free sexually transmitted infection (STI) testing.
- Free contraception.
- Access to LGBTQ+ community groups.
- Outreach on the 'gay scene' to maintain safe sex practices.
- Training for professional environments and much more!

For more information, call Yorkshire MESMAC on 0113 244 4209 or go to the website <https://www.mesmac.co.uk/>

## Young Carers Support App

Download from the android app or apple store for free advice and support with your:

- ❖ Mental Health
- ❖ Education
- ❖ Emergency planning
- ❖ Support
- ❖ Carer Skills
- ❖ Conditions
- ❖ Relationships

019phinsleeds Are you a Young Carer? Do you know someone who is a young carer? A young carer is defined as a child or young person who provides support to a family member on a daily basis. The Young Carers Support App is available to download and provides information on where to contact for support in Leeds and West Yorkshire #019PHINS #LCH #YoungCarers #FamilyActionLeeds

## Signs of gaslighting

1. Their actions don't match their words
2. Telling you you're wrong, 'crazy' + imagining things
3. Distracts from their behaviour by projecting onto you
4. Degrading comments followed by positive reinforcement

019phinsleeds Not sure what the term Gaslighting means? If you feel either yourself or a friend is a victim of gaslighting you can contact us for support and signposting via our SPA on 0113 8435683 or if you are a young person you can text chat health on 07520 619 750 #019PHINS #LCH #gaslightingeffect

Liked by activityleeds and 3 others



## Specialist Business Unit

**Community Intravenous Antibiotic Service** - the service continued to build partnerships and support a wider COVID-19 response. The team are working with the Out Patient Antibiotic Therapy Team to consider new ways of working during the pandemic and to establish a new, partnership vision. The team are working closely with the new OPAT service manager to ensure a seamless service.

The service received a total of 1110\* referrals for patients in 2021/22, many of those patients would otherwise have stayed longer in hospital or been admitted to hospital without the support of the service.

For example, the team started a new pathway in 2021/22 for patients with bone disease who require an intravenous infusion who would usually be treated in hospital, there were 183 patients treated on this pathway in their own home which is more appropriate and more supportive of this vulnerable patient group.

The team have also extended their offer of delivering intra-venous diuretics to support the Virtual Frailty Ward.

During the past 12 months, CIVAS have supported our Neighbourhood Teams in addition to their commissioned work. They have cared for over 626\* intravenous line cares and chemotherapy disconnections for patients. Carried out wound dressings, medication administrations, as well as other tasks usually carried out by the Neighbourhood Teams.

The team have gone above and beyond to be flexible and deliver work outside of their current pathway if they have had capacity to do so. As an example, the team support a vulnerable patient with dementia, the joined up approach meant she could remain safe and cared for at home whilst receiving treatment until her symptoms improved. Without the service, this patient would have been admitted to hospital.

\*Data correct as of 31 March 2022

**Diabetes Leeds** are working with three Primary Care Networks (Morley, Chapeltown and LS25/27) to improve the three diabetes treatment targets (blood pressure, cholesterol, and glycaemic control) to reduce diabetes complications. New approaches being tested include:

- a clinical team (CCG and LCH) supporting integration between primary care and specialist diabetes services

- training offers to support PCNs develop 'diabetes support teams' at PCN level
- utilisation of population health management data to proactively identify cohorts
- providing advice and guidance between primary care and specialist service to support timely care
- connecting with local and national prevention and self-management offers and, tailoring approaches to population need to address health inequity.

The clinical arm of project is funded by NHSE and the community arm of the project is supported by the Local Care Partnership development team.

**Homeless Health Inclusion Team** - following a successful joint bid, the team are one of several partners across the city, in delivering a new enhanced out of hospital care model for people experiencing or at risk of homelessness. People at risk of, or who are experiencing homelessness, often have several long-term conditions and high levels of frailty. They would historically not be suitable for traditional models of intermediate care. Our LCH colleague, Liz Keat was appointed as the Integration Lead across the whole partnership.

The model includes step up/step down accommodation for people to reduce unnecessary hospital stays, and to work holistically with people in a new model of intermediate care to enable the recipients to achieve their goals. Since May, the team have received 57 referrals to the Health Intervention beds. 27 have been accepted and all 9 flats are currently full with an even mix of step up/step down from hospital. All people discharged to date are showing positive outcomes. There have been unexpected outcomes such as people choosing to have this accommodation as their preferred place of death.

Many of the people we have invited to be part of the project have been identified by the city as being in the most need, of experiencing the most chaos, and other services have not been able to engage them.

Our patients have feedback a sense of hope which they did not have before, that they are looking forward, making plans and not stuck in a crisis response. The support has been creative; facilitating people to have contact with their families, be involved in meaningful activity, find fun and enjoyment as well as meeting health needs. The team are providing education to Emergency Departments and hospital discharge teams on; ***'Homelessness, duty to refer, and the role of HHIT team'***.

**Virtual Ward Respiratory** - the service continued to work in a integrated way with the hospital, the ward consistently reaches its maximum capacity. In Q1 alone the service received 128 referrals compared to 45 in the same quarter last year. Sixteen of those

referrals were for the **Oxygen at Home Pathway** where patients are supported with oxygen at home. Twenty-seven referrals meant a hospital admission was avoided and 55 referrals facilitated a hospital discharge. This meant that there were more hospital beds available for patients who were in greater need.

### **What our patient's thought about our services:**

Feedback received via Friends & Family for services such as CIVAS, Homeless & Health Inclusion, Virtual Frailty Ward and Virtual Respiratory Wards clearly demonstrate how valued these services are by patients and carers, particularly as they allow for treatment at home. People report they are able to make contact easily with these services to ask questions and seek reassurance.

*"All team members were professional, friendly and very accommodating. NHS at its best!"*

*"As a system, for me at least, it was seamless."*

*"Friendly and helpful. Good opportunity to seek reassurance/check info post-hospitalisation."*

*"It's the way you do things. Having this service at home, really important."*

*"I have received a great service from each member of the team that have visited me. If it hadn't been for this service, I would still be in hospital and would have missed my son's wedding. Thank you very much CIVAS."*

*"My treatment has been very good and reliable, there is a big improvement where the nurses have kept me up to date and have been very supportive"*

*'I have no words to show my gratitude, so I'll just say thank you'.*

*'Thank you for setting up the interview. I think I am going to enjoy the experience and knowing that I can help somebody in difficulty just like all your help with me which I really appreciate.'*

### **Primary Care Network and Integrated Services**

Co-Chaired by the Executive Director of Nursing and Allied Health Professional's for LCH and the GP Confederation and Kim Adams Programme Director Local Care Partnerships Development Programme, the Integrated Care Steering Group had been



established to look at working in a more integrated way across the system in Leeds, with a particular focus on the integration between community and primary care; the group also included partners from LTHT and LYPFT. This year Public Health colleagues and Local Authority colleagues have also joined the group to enhance the health equity lens on integration. Whilst the pandemic has paused some of the steering group activity over the past 12 months, other initiatives have continued to progress.

Although the Steering Group and work across several workstreams were paused for much of 2021/22 due to the pressures of the pandemic, there have been some exciting developments to test new integrated models and ways of working. The Steering Group's membership has been extended to include key partners in developing innovative integrated healthcare models and ways of working, including the Local Care Partnership Programme Director (co-chair), Primary Care Network Clinical Directors, Public Health and additional 3<sup>rd</sup> sector representation.

### **Morley and West Primary Care Network Integration Initiatives**

In 2021/22 LCH worked with Morley PCN and West PCN to pilot 2 integrated nursing models over a 12 month period:

**Morley PCN** - evidence suggests that care home residents often have the most complex needs and are at higher risk of hospital admission: in 2019 the Health Foundation reported that one in twelve emergency admissions were care home residents and that 41% of these were potentially avoidable. LCH is funding a Community Matron and Senior Nurse to lead a dedicated Integrated Care Home Team supporting residents in Care Homes across Morley PCN locality and working very closely with the PCN Pharmacist. Previously care was provided by different general practices and multiple members of the health care team.

The team is based within the Neighbourhood Team and established in delivering all visits to the residents within care homes. The team aims to ensure continuity of care, a streamlined referral process, strong clinical leadership, and an integrated approach. Each resident has a full assessment by the Community Matron or senior nurse on admission. If a need for NT support is identified, appropriate referrals can be made in a seamless way at this stage and avoiding a duplicate assessment. Reviews by either the Care Home Team or Neighbourhood Team are scheduled at this time.

The Community Matron or senior nurse lead weekly ward rounds in each care home and are the first point of contact for the care homes, supporting development of strong relationships with care homes, service users and their families.

The team has high levels of staff satisfaction and has reduced input from Neighbourhood Teams. The team plans to provide care to adults with learning disabilities resident in Care Homes in future.

**West PCN** - LCH has recruited an Advanced Clinical Practitioner (ACP) nurse to work across West Leeds PCN and its seven practices as part of a new PCN integrated Frailty Home Visiting service. The service supports older people living with complex needs and frailty, to live independently as long as possible by providing pro-active and responsive care. The service comprises two Advanced Clinical Practitioners, one Associate Clinical Practitioner, two Paramedics, a Clinical Pharmacist and Health Care Support Workers working as a multi-disciplinary team alongside GPs and Community Geriatricians.

Patients have a full assessment by an ACP who plan care, order, and act upon diagnostic tests. They make referrals to other members of the wider Primary Care Team, Neighbourhood Teams and other LCH services seamlessly, and schedule reviews, ensuring the right care is provided by the right person, in the right place, at the right time. This approach prevents avoidable deterioration and admission to hospital, unnecessary visits and duplication of assessment. Both ACPs will work closely with Neighbourhood Teams in the PCN footprint to develop cohesive teamwork and innovative new ways of integrated working and caseload sharing.

Both PCN initiatives support a better experience and outcomes for patients with more effective use of resource by:

- providing pro-active care and continuity of care
- clinicians with high levels of skills assessing patients and providing clinical leadership
- clinicians working as part of a wider multi-disciplinary primary care team that includes GPs and working closely with community geriatricians
- avoiding duplication of appointments, assessment, and interventions with NTs
- enabling appropriate and timely referrals to LCH services e.g. Virtual Ward Frailty, the Falls service
- developing new ways of integrated working with NTs, the Virtual Ward .

The learning from these pilots will be shared with PCNs and LCPs and wider healthcare partners through city-wide forums.

**Integrated Wound Clinics** – integrated wound care clinics have been established in eight locations across the city. Clinics were initially to run between January and March 2022 but have been extended until September 2022 in recognition of the contribution they are making. A remote booking platform has been developed so patients can be booked into any of the sites by primary and community care colleagues. Integrated wound care colleagues are operating an active ‘pull’ process for those patients typically seen by Neighbourhood Teams but can access primary care. FFT feedback confirms positive patient satisfaction and staff satisfaction is also high.

**Integrated Wound Care Templates** - following an integrated workshop and including lessons learned from an earlier programme, a shared template within the electronic patient record has been developed in SystmOne and Emis. It is aligned to the national wound care strategy and addresses Commissioning for Quality and Innovation (CQUIN) and Community Services Data Set (CSDS) requirements. The template evaluated well following a period of testing with Primary Care, LCH Clinical Practitioners and wider partners. It was launched by Primary and Community Care Clinical systems in March 2022.

**Preceptorship and Training** – an Integrated Preceptorship proposal is looking at combining and expanding the Primary Care and LCH Preceptorship pathways to create an Integrated Preceptorship Programme. Applicants would be recruited as a Preceptee, and not recruited to a specific role. The Preceptee would rotate around services for twelve months, across both community and Primary Care and would be guaranteed a job at the end of the twelve-month period if they have met all performance and development criterion. The posts will be open to both nursing and AHP professionals, although an initial proof of concept will focus on registered nurses.

**Integrated Falls Pathway** - a six-month fixed-term contract was established to test a new Falls Advanced Clinical Practitioner (ACP) / Falls Pathway Lead role, developing, and progressing the Integrated Falls Pathway. As part of the vision for, and development of an Integrated Falls Service providing care closer to home, virtual falls multi-disciplinary team meetings were set up and have been running twice a month since November 2021 with a Falls Clinic Geriatrician, Community Falls Service, and temporary Pharmacist support. This has supported more complex falls patients in the community, reducing the need for patients to attend a hospital outpatient clinic.

This current role and service model has supported approximately a 70% reduction in referrals from the Community Falls Service to the hospital Falls Clinic for a face to face appointment with a Geriatrician, as the majority of patients have been able to be provided with care closer to home. Pharmacy support and input to the virtual falls multi-disciplinary team meetings has enabled timely medication reviews and medication changes for high risk falls patients, also reducing pressure on GP time. This model has also contributed to a reduction in waiting times for patients to be assessed by the Community Falls Service, as well as receiving positive feedback from patients.

As part of the falls pathway development, the Falls ACP/Pathway Lead is working with hospital colleagues to review and develop the falls referral pathway for patients attending the emergency department and for patients admitted to the acute assessment wards following a fall, encouraging a proactive approach to falls assessment, prevention and management for these patients on discharge home.

This pilot has tested the case for change for an ACP Physiotherapy Practitioner within this role. A business case has been completed for a permanent Falls ACP/Pathway Lead role, and a permanent Pharmacy role within the Community Falls Service, to support the service patients and virtual falls multi-disciplinary tea, meetings.

**Digital Project in Beeston and Middleton** – the aim was to train up a network of Digital Health Champions to test if there were services that could access digital appointments and support those that did not have access. There are now six Digital Hubs in Leeds supporting patients.

### **Part Three Priorities for Quality Improvement 2022/23**

The Quality Account looks forward to 2022/23 as well as looking back on 2021/22.

#### **How we agreed the priorities**

This year there are four Key Priorities and we have aligned them to our four Strategic Goals with the intention that achievement of the priorities evidence organisational progress towards our goals and ambitions. Whilst the Priorities are now directly aligned, they are also cross cutting and will contribute to the achievement of the other Strategic Goals.

As our Strategic Goals are aligned to our Board Assurance Framework, progress against the Key Priorities will now also evidence how we are mitigating our organisational risks. We intend to align our LCH workstream Strategies in addition, for example the Engagement Strategy, Third Sector Strategy or Workforce Strategy.

The Priorities for quality improvement were considered within the national, regional, and local context and are also informed by our commissioning and regulatory requirements and build on our key initiatives aligned to the NHS Long Term Plan and NHS Constitution.

They were developed with the support and feedback of our staff and patient engagement champions. We have developed a plan for development of our 2023/24 priorities that increases our engagement with staff and patients in the development of the priorities.

## Our 2022/23 priorities are:

Strategic Goal - To deliver outstanding care,

- **We will be responsive to the needs of our populations as we continue to rebuild our services back better.**

Strategic Goal - Use our resources wisely and efficiently.

- **We will continue to rebuild our services with a focus on our waiting list backlogs through continuous improvement.**

Strategic Goal - Ensure our workforce community is able to deliver the best possible care in all of the communities that we work with

- **We will support our workforce to recover and flourish, with enhanced focus on resourcing and health & wellbeing.**

Strategic Goal - To work in partnership to deliver integrated care, care closer to home and reduce health inequalities

- **We will work pro-actively across all the communities we serve to improve health outcomes.**

## Part Four Other Quality Improvements

### Leeds Community Healthcare NHS Charity

The Leeds Community Healthcare NHS Charity has continued to raise money and review applications in 2021/22. The Charitable Funds Administrator post has been made a permanent position during this time.

An Operational Group for the charity meets regularly to discuss and oversee work on the priorities of the charity. The group comprises of both clinical and corporate staff and includes representation from the Youth Board. The group is chaired by the Executive Director of Nursing and AHPs and feeds directly into the Charitable Funds Committee. The following are some of the projects that have been supported this year:

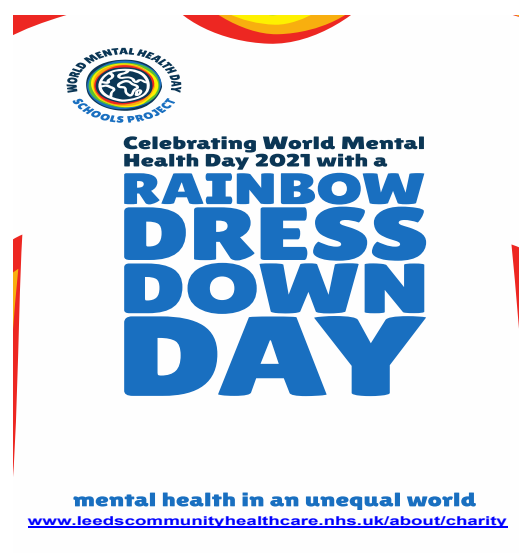
**Digital Inclusion-** applications continue to be approved to provide tablets with internet access to unpaid carers who access/support others to access Trust services. We hope that this funding will help to promote digital inclusion for carers, support digital healthcare access and help to reduce social isolation in the unpaid carers group. This funding is being delivered alongside ongoing partnership work with Carers Leeds and 100% Digital Leeds. So far twenty tablets have been shared and a further twenty are on order.

Pauline kindly shared her experience of receiving a tablet and the difference it made. [Pauline's Story](#)

**Homeless Health Inclusion Team** - feedback from a colleague in the Service: I arrived to see my patient, who is elderly, has no literacy and [had] never used a mobile phone [and] was facetimeing her brother in Ireland! She was so delighted, thought it was quite magical to be able to see and hear relatives she hasn't seen for years and has been so isolated due to COVID-19.

Her son has used it to read messages and have GP appointments. Another brother has used it for his universal benefit claim, [who] had been sanctioned previously for not engaging with the online process of looking for work and not wanting to get help at the job centre, So huge success!

**The World Mental Health Dress Down Day** - this project was supported by schools across Leeds and raised money for the Charity.



**Homeless and Health Inclusion Team** - support has been provided through funds to purchase warm clothing and personal hygiene items. Feedback has included: *“[Charitable funds have] been hugely beneficial already in providing our patients with much needed basics, but also dignity and respect in allowing them to request items that are size appropriate ...”* and *“I applied for the funding so that we could provide essential items to our homeless and vulnerable population. We decided to convert the donation received into vouchers so we could purchase the basics, examples include food/drink, sweet/snacks, toiletries, and sanitary items alongside basic clothing such as underwear, shoes, warm layers and hats/gloves [...]”*. Amanda Chakraborty | Lead Nurse | Homeless and Health Inclusion Team

**Hannah House** - the charity continues to administer a fund for Hannah House which covers the costs of running a minibus for outings and maintaining a sensory aquarium for children with additional needs.

**Yorkshire Three Peaks** – the charity organised a fund-raising event that was well attended and raised money for the charity, our Executive Director of Nursing, Medical Director and the Patient Experience Team supported the event as walkers and helpers.

**Morrison’s** were very supportive by donating 200 t-shirts that we had printed with the charity logo for the Three Peaks and for future fundraising events. They also did some fundraising for the Big Tea Event at Morley Morrison’s and the plan is to continue developing this partnership.

Additional applications granted included:

- Lifting Equipment for a community patient with a disability, to help them get up after a fall to support independence
- A refrigerator for a service user in need
- A sensory pod for CAMHS patients
- Furniture for a ‘Take 5’ room for Meanwood Neighbour Team
- Summer activities equipment for the children at Hannah House
- Wellbeing packs for staff in the Podiatry Service.

### **Patient Engagement Champions**

LCH Engagement Champions have continued to meet bi-monthly during 2021 and have used the network to share and celebrate their engagement work.

Following training on how to run a focus group, the **Children's Speech & Language Therapy** service hosted a focus group, to discuss their current care model, whether digital appointments are accessible enough, and whether follow up support is satisfactory. Twelve parents from the Children's Speech & Language Therapy Service were invited and seven attended.

Parents shared that there was a lack of support between appointments and that the service could feel difficult to navigate. They felt that when a child is re-referred to the service the wait for an appointment could be lengthy, which is particularly concerning if the child has complex needs. They also shared that schools do not always inform parents of appointments that have been booked in school time.

The service is now implementing the following this feedback:

- Developing a letter/leaflet for all parents/carers/guardians to introduce the service, explain how the service works and provide contact details.
- Text messages are now sent when an appointment in school has been booked, notifying them of date and time their child will be seen.
- A summary letter is now sent home in children's book bags following an appointment in school time, outlining the care and support given, any targets and next steps.
- The service is reviewing how they can develop and implement a telephone advice service for parents/carers and schools to make contact more efficiently for any support and advice following or between appointments.

A number of Patient Engagement Champions attended bespoke training sessions offered by **100% Digital Leeds** in July and August 2021. The training was focussed on supporting staff in having positive conversations with patients and carers around digital access and signposting to citywide support.

**CAMHS** have recently updated their Autism Assessment Pathway information leaflet to an easy read document to help improve accessibility. Lisa Smith, Learning Disability Lead, supported these projects and ran a session for Champions on creating accessible documentation, in particular tips and steps for creating easy-read information.

The **MSK** service ran a focus group in June 2021, to review the content and the layout of the new service website. The service user focus group worked with the service to ensure the website content was accessible, informative, and aimed at the right level for people. They also gave feedback so the service could ensure the webpages are easy to navigate. Some of the content was also



read through by the by a reader group of MSK service users. The final pages were reviewed by patient volunteers for any final feedback as well as members of MSK staff.

The **Self-Management Facilitator** for Yeadon and Otley has recently joined the Engagement Champion network. This service are now completing a piece of work engaging with staff and patients within the hospitals. The aim is to work alongside patients prior to discharge to build competence and independence in self-care. These patients would normally have been referred to one of the 13 Neighbourhood Team's, however this piece of work has so far prevented over 700 referrals for patients who are now able to self-manage at home.

The Self-Management Facilitator is also working within the third sector to build and develop some resilience for the teams. Patients are often physically able to get out but still require an element of care from District Nurses. The team has found this a valuable way of networking within local communities. Service users under the new Self-Management Facilitation team have feedback that they find it helpful having one person to help coordinate their care and they really benefit from the consistency of this approach.

**Other notable work from the Engagement Champion Network includes:**

- Developed patient and carer surveys to listen to the voices of our service users and make changes to the way our services are delivered, including Leeds Sexual Health, Cardiac Service, Respiratory Service, Leeds Community Pain Service, and Community Diabetes.
- Updating patient information to align with the Accessible Information Standards from CAMHS, Children's Continence Service and the TB Service.
- The ICAN service have been working on how they link better with third sector providers to offer additional support and signposting to parents, carers and families.
- Health Case Management Service involved a service user on a recruitment panel to support interviews for recruitment.

## Carers

LCH continues to develop its commitment to carers. We aim to ensure that all staff across LCH have an awareness and understanding of the needs of carers and to work to ensure effective systems are in place and used across the organisation for the identification and support of unpaid carers and working carers.

Some recent highlights include:

- The **LCH Carers Steering Group** are currently reviewing the Communications Template on SystmOne to ensure this is inclusive of Carers and recording communication needs of carers.
- The **Community Neurology Team** have started including a link to Carers Leeds to highlight support available for carers to ensure every contact counts. The Carers Steering Group are reviewing how this can be shared as good practice across all LCH services.
- LCH continues to work in partnership with **Carers Leeds** and **Leeds Young Carers**; these organisations continue to provide practice development sessions that are available to all LCH staff. The sessions equip them with the skills and knowledge to identify and support carers and young carers who access our services. The training also focuses on helping staff understand the vital role that carers and young carers play in healthcare, the barriers, and challenges they face, and an overview of the services that Carers Leeds and Leeds Young Carers Support Service can offer.

Throughout 2021, over 80 staff attended the Carers Awareness training with Carers Leeds and Leeds Young Carers. Following the success of the training sessions in 2021, further training sessions are now planned for 2022.

Staff testimonials:



***“Everything I needed was there, hopefully I can work with colleagues to enhance the Trust’s recognition and support for young carers.”***

***“I truly enjoyed the Practice Development session, it had enough content, the information was clear and concise and highlighted the plight of Young Carers in today’s society, the opportunity to have interactive participation and there was good time management.”***

***“I hadn’t realised how much there is on offer for carers in Leeds.” “The training gave a good insight into what Carers Leeds has to offer.”***

## **Big Leeds Chat**

The Big Leeds Chat is a city-wide partnership project that started in 2018 as a means of hearing what matters most to the people of Leeds about their health and well-being. The Chat has a particular focus on hearing the voices of people with the greatest health inequalities.

The Big Leeds Chat 2021 ‘roadshow’ held a Local Chat event in each of the 15 Local Care Partnership areas. Additional events were hosted with specific communities, for example Leeds Dads, LGBTQ groups, sheltered housing complexes and St George’s Crypt. The chats were supported by the Patient Engagement and Experience Officer from LCH, a core member of the Big Leeds Chat Working Group.

In total, 40 local chats took place between September and November 2021 and a report from the Big Leeds Chat Working Group will be available in 2022. The report will inform the Patient Experience Team and other parts of the organisation as we continue to implement change and improve services across the organisation.

## **Always Events**

Due to ongoing pressures across all services, Always Event projects within Adults Business Unit and Specialist Business Unit were paused between November 2021 and April 2022. The Children’s Business Unit have continued with their Always Event project looking at transitions from Children’s Services to Adult Services, and how communication and information provided can be improved during this time for families.

A survey of 46 families identified that parents and young people see clear and timely communication is hugely important. 50% of respondents also reported that having a single point of contact would make a big difference to their experience of transitions.

The results of the patient survey were shared with staff at the November CMT meeting and at the CBU Festival in December 2021 to present the work done so far, and to discuss how we ensure this project is included in CBU Business plans for 2022, how we ensure this project is accredited by NHS England & Improvement, and how we ensure we communicate to families involved the impact their involvement has had and what has happened as a result of their feedback.

## Patient Safety Incident Reporting

(The data is taken from a live system and was retrieved on 6 April 2022)

There were 7632 incidents reported within the Trust during 2021/22, a 19.2% reduction on the 9440 in 2020/21. Of these, 5146 were reported as an incident relating to receiving care from the Trust. Of those 4409 were patient safety incidents, this is a 17.1% reduction in patient safety incidents from 2020/21 when there were 5315.

There was a significant increase in reported incidents for Adult Services at the beginning of the pandemic in 2020. These included unexpected deaths from COVID-19 and an increase in deteriorating pressure ulcers, which was also seen nationally. The incidents reduced towards the end of 2020 and the incidents have remained stable into 2021/22. In April 2021, Little Woodhouse Hall transferred to another provider which significantly reduced the number of incidents being reported for the Children's Business Unit in 2021/22.

Most patient safety incidents result in no injury or minimal harm. There were 414 incidents reported as moderate harm and there were 59 major harm incidents reported, a 4.6% and 42.7% decrease on the previous year respectively. The significant reduction in major harm incidents relates to a 43.2% reduction in major harm falls incidents and a 38.5% reduction in major harm skin damage from the previous year.

Our focus on learning has been strengthened this year and the Trust has worked diligently to embed learning from previous incidents to reduce recurrence, this includes how we support our frail, elderly patients.

For example, we have embedded key learning regarding the assessment of patients who may be at risk of their blood pressure dropping when they stand up, which can result in a fall. Early identification of this risk often results in a reassessment of any medications that can contribute to lowering blood pressure by a GP and reduces the risk of falling. We have also introduced a Falls Risk Management template for use in SystmOne when a patient is identified as being at risk of falling, this has improved our ability to pro-actively plan care to prevent and reduce a patient's risk of falling.

In recognition of the skills that our unregistered colleagues bring to our teams, and to support effective wound management we have enhanced the training of our unregistered workforce. This has resulted in the earlier identification and earlier intervention of deteriorating wounds in situations when a pressure ulcer deteriorates in between registered nurse visits. Improvements in our Pressure Ulcer Risk Management template has also supported robust care planning for patients with pressure ulcers.

All incidents are reviewed by an incident handler (usually a line manager) to determine any causation factors, share positive practice and identify any learning. All incidents resulting in moderate and major harm are reviewed in detail at our weekly Rapid Review Meetings where there is a positive and open learning culture. The aim of the meeting is to understand where the Trust can learn from incidents. Positive practice is shared with the teams and any learning that is identified is shared with the organisation at an appropriate level to gain the most benefit from learning.

The meeting also identifies any incidents that require external reporting as a serious incident. An in-depth review of the incident is then completed to understand how the incident occurred, what the causation and contributing factors were and how we can reduce the likelihood of recurrence by learning from the findings.

Falls and skin damage are our most frequent areas of harm to patients and where we have seen the greatest reduction in major harm incidents being reported from 2020/21 to 2021/22. In 2021/22 overall, Serious Incident investigations were completed for fifteen falls and skin damage incidents. This compares to 51 in 2020/21. When looking specifically at major harm falls and skin damage there were seventeen Serious Incident investigations completed in 2020/21 compared to two in 2021/22. This highlights that in addition to the significant reduction in the number of major harm incidents for these categories, there was also a significant reduction those incidents requiring further detailed review to assess for any lapses in care.

It has to be noted that the reduction in completing Serious Incident investigations is also in line with our progress towards implementation of the Patient Safety Incident Response Framework as part of the Patient Safety Strategy. The Trust has continued the journey to implementation of the national Patient Safety Strategy that aims investigate incidents in a more meaningful way to gain the most learning. The Trust has and continues to investigate incidents in a way that delivers the most learning in line with the national Strategy.

This year we have commissioned a project to redesign our Datix system to ensure it fully aligns with the shift in focus of the Patient Safety Strategy. We have made ongoing iterative changes to our Rapid Review templates to ensure we have the most amount of information about incidents as early as possible, this promotes appropriate decision making about the level of investigation required and includes colleagues' memory of the episodes of care being discussed.

## Infection Prevention and Control

LCH continues to place infection prevention at the heart of safe care and clinical practice, and we are committed to a “zero tolerance” approach to preventable healthcare associated infection. Throughout 2021/22 the Infection Prevention and Control (IPC) Team have worked tirelessly in response to the COVID-19 pandemic and the waves of infection that were experienced with reference to Omicron.

Alongside many of the normal activities we undertake we have continued to address the challenges faced through the changing landscape of the NHS and the enhanced vulnerabilities of some of the people we care for.



Throughout the past year the team have mobilised a 7-day service to support and work with care delivery staff both working within LCH and the wider health economy, to promote a clear message emphasising the importance of safe infection prevention practice, in specific response to the pandemic.

We introduced an electronic auditing platform called MEG to improve and enhance assurances around IPC environmental auditing.

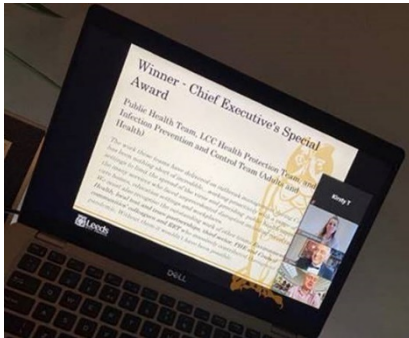
Throughout the year we have supported and provided specialist advice to LCH staff as well as other providers throughout the Leeds economy such as schools nurseries, care homes, workplaces and many more. We have continued to build the strong foundation we had in place prior to the pandemic around collaborative working, in response to testing, providing COVID-19 vaccinations and liaising with colleagues in public health at Leeds City Council in relation to outbreaks. The team supported with ad hoc vaccination events such as ‘Women’s Only’ events and a ‘Taxi Driver’ initiative.





The IPC team celebrated national Hand Hygiene in May where the team met with members of staff and patients across the trust to share positive messaging around the effectiveness of hand hygiene. In October we launched National IPC Week covering many topics including; sharp safety, sepsis, flu and the gram negative blood stream infection (GNBSI's) agenda and improved hydration.

In December 2021 the IPC Team won the Chief Executive Special Award from Tom Riordan at Leeds City Council. This was an award presented jointly to the LCH IPC Team and Health Protection Team at LCC for the partnership work throughout 2021.



In January 2022 the IPC team vaccinated 62% frontline staff for influenza. Innovative methods were used to engage with staff as well as a booking service to provide a safe environment for uptake of the vaccine.

#### Other key focuses:

- *Hand hygiene*
- *Reinforce that IPC is “everyone's responsibility” across the healthcare economy*
- *Hydration Awareness*
- *Promote the I-Spy E.coli Campaign and overall strategy around GNBSI's reduction*
- *Sepsis and Deterioration*
- *Address seasonally important issues such as influenza and Norovirus*
- *Highlight sharps safety compliance, both organisationally and with the general public*
- *PPE and Fit testing provision*
- *Resetting training to support services during the pandemic*

The prevention of Healthcare Acquired Infection is a key priority for Leeds Community Healthcare IPC Team. It will remain a a priority to continue to enhance the partnership working and system leadership to build relationships around IPC and the delivery of preventative measures, in line with the partnership agreement with LCC. We will continue to hold this at the forefront our commitment to deliver safe, clean care to the people within the Leeds Healthcare Economy and to continue working collaboratively with all key stakeholders and keeping the patient at the centre of healthcare delivery.

## Safety Summit

The LCH Safety Summit continued quarterly in 2021/22 and is an open forum to share and discuss learning, and best practice across the organisation with an aim of improving patient safety and patient experience. The Summits are attended by colleagues from each of our Business Units and our Corporate Teams.

At the summit each Business Unit identifies a case or situation to discuss where there is potential for learning and then all cases are captured and shared across the organisation in the Safety Snapshot Newsletter. This year the following cases have been shared:

<p>A thematic trend identified incidents that related to processing of blood samples sent from Integrated Children's Additional Needs Service for pathology assessment.</p> <p>In all cases the children had to have a further blood taken putting them through unnecessary distress.</p> <p>A new integrated pathway was developed between organisations.</p>	<p>A case study for a child with complex needs known to be Community Paediatric Service and Inclusion Nursing Service highlighted learning around the importance of working together to secure multi-agency discharge planning.</p> <p>This included the importance of effective communication across services and organisations.</p>	<p>A review related to a community follow up after a difficult hospital discharge. An elderly patient known to the LCH Cardiac Service with end stage heart failure, passed away following a fall and a fractured neck of femur.</p> <p>The case was reviewed through two separate processes: the organisation's mortality review and the incident review processes.</p> <p>Both reviews identified good practices from LCH.</p>
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<p>A patient safety incident was shared regarding a fall that resulted in a subdural haematoma.</p> <p>The patient was under the care of both an LCH Neighbourhood Team and the LCH Stroke Service.</p>	<p>A case was shared where there were missed opportunities for an elderly gentleman, living in residential care.</p> <p>There were opportunities to better support end of life care following miscommunication between services.</p>	<p>A trend analysis of patient who experienced a fall was shared following an internal in depth review of a sample of incidents identified.</p> <p>There was some good practise that highlighted learning from previous falls had been utilised.</p>
<p>The case of a patient whose diabetes worsened and resulted in hospital admission was shared. Strategies to ensure joint working across citywide partners was discussed and how all partners could work together to consider whether patient's have true capacity to make treatment decisions.</p>	<p>Learning was shared on the importance of ensuring our Podiatry Team are involved when a foot wound develops.</p> <p>Improvements in how the clinical record signposts practitioners to make the referral were shared.</p>	<p>The Summit heard about the importance of recognising Modern Slavery and the impact it can have on the people involved.</p> <p>Information was shared about the role of health in identifying and escalating concerns.</p>

## National Patient Safety Strategy

A journey of continuous improvement is the key vision of the Patient Safety Strategy. Its success will be determined by the impact from improved incident reporting, more appropriate investigation of incidents, greater understanding of our areas of risk, better-quality learning, and by having dedicated patient safety specialists and forums for sharing learning at scale. This will result in a reduction in patient harm and an increase in our ability to deliver high-quality care.

Progress is being made in ensuring we involve our patient's; we have developed our Patient Safety Partner policy and pathway and are discussing the role with a potential Partner. We have implemented level one of the nationally mandated education programme. We have made good progress in how we involve our staff in incident reviews and ensure that they are supported during the process with a Just Culture approach. We have initiated improvements in our Incident Reporting, and are working more in line with the Healthcare Safety Investigation Branch's approach to investigation methodology, that aligns with the Strategy and the planned Patient Safety Incident Response Framework.

LCH has developed and led a Leeds Place forum for Patient Safety Specialists to meet monthly to share understanding and progress against the Strategy. This includes the Clinical Commissioning Group, South West Yorkshire Partnership Trust (who provide CAMHS to LCH Services of HM Wetherby Youth Offenders Institute and Adel Beck Secure Children's Home), Leeds and York Partnership Foundation Trust and Leeds Teaching Hospitals Trust (LTHT). The group aims to bring some standardisation across the Leeds Place to support our patients through joined up approaches to safety culture and systems.

## **Learning from Deaths**

### **Adults**

The Trust has continued to work with colleagues in primary and secondary care. Whilst the implementation of the Medical Examiner role continues to be developed across the city, the Trust has clear processes in order to ensure learning is shared across the organisation and between the Trusts in order to better facilitate shared learning.

The Trust continues to work with colleagues in primary care to improve coordinated reviews of deaths in the community. Where possible, Neighbourhood Teams are present when deaths are discussed at some GP meetings, and a letter has now been designed inviting primary care to attend or contribute to Level 2 review meetings when their patients are being discussed.

As a Trust we have supported an average of 78% of our patients to pass away in their preferred place of death, with 82% being supported to pass away in either their first or second choice of preferred place\*. This follows a continued increasing trend of patients on our caseload choosing to die at home rather than in hospital or hospice. This links to a key theme of learning from deaths this year regarding the increasing complexity of managing people who are dying at home, work is ongoing to understand how we can better support our patients with complex health and social care needs.

The second key theme from the Mortality Review meetings is how we recognise that a patient is deteriorating towards the very end of life soon enough to ensure the best possible care can be delivered in a planned and supportive way. We continue to embed our RESPECT advanced care planning processes to ensure we can best support our patients and families at this time. Learning relates to starting conversations about advanced care planning earlier with patients.

\*This information is accurate up to February 2022 due to reporting timescales.

## Children

There are established robust processes within Children's Services around unexpected deaths via the sudden unexpected death in children (SUDIC) process and Child death overview panel (CDOP).

The Trust continues to be an integral partner in the Leeds Child Death Review Panels and processes. The Trust is an integral partner of these panels. For each possible scenario there is a designated primary organisation to arrange the Child Death Review Meeting (CDRM) and notify CDOP. The Trust would organise the review meetings for those child deaths that have a chronic condition, have an expected death at home and have the death certified by the GP.

The LCH Mortality Surveillance Group intends to meet bi-monthly, this did not continue regularly during 2021/22. Plans are in place to routinely resume the meetings and a new agenda is in place that will incorporate early learning from reviews and good practice.

Learning continues to be shared organisationally via the SUDIC and CDOP process and via the Mortality Governance Reports.

## Learning

Key learning this year has included:

Following an expected death of a baby, the review process found good multi-disciplinary working between the teams involved. The baby passed away surrounded by family.	A review following the death of a child found not all clinical records were fully up to date as the child was born prior to the electronic care record being in place. This had not contributed to the death.
An internal learning event was held following the death of a child.  Learning identified that missed appointments were unusual for the child and the child's progress and development were potentially compromised by the change in engagement. Small opportunities to explore the change could have been taken.	The death of a child awaiting post-mortem has identified early learning that the SUDIC process was not followed by some agencies. Reminders have been sent that the process applies to all children and young people under 18 unless there is an expected death.

## **Learning Disabilities – Learning from lives and deaths - People with a learning disability and autistic people - LeDeR**

From 1 July 2022 the responsibility and accountability for LeDeR will move to the West Yorkshire Integrated Care Systems (ICS) from the West Yorkshire Clinical Commissioning Groups, in line with the new national LeDeR policy. The reviews and learning have continued this year and any learning, and best practice has been shared by the Learning Disability Lead.

A key theme for learning for all care providers including LCH related to the appropriate and timely completion of mental capacity assessments. There were also two related cases for LCH, one in relation to weight management, and one that involved a patient declining a vaccination where the review also found the patient was prescribed a high number of antibiotics without a full review of why they were required.

### **Medicines Optimisation**

The Medicines Optimisation Team continued to work closely with teams this year to improve safe medicine use and optimise the use of medicines for our patients.

**Neighbourhood Teams: Improving the Safety of Insulin** - a variable dose insulin chart has been developed to support the safe delivery of diabetes care by Neighbourhood Teams for patients with complex treatment regimens.

As a result of the review of the Neighbourhood Pharmacy Technician Team, increased funding has been identified for the role, to enable one technician per Neighbourhood Team (previously one technician worked across two neighbourhoods) and the agreement of an extended role, including supporting the safe use of insulin.

Feedback from clinical teams on the extended Pharmacy Technician role has been positive, especially in relation to the use of Insulin Medication Administration Records (PMi Chart), with one nurse reporting *“the insulin chart is now clear and understandable since the Pharmacy Technicians started regular review of patients receiving insulin support”*.

**Virtual Ward (Frailty): Enhanced Medicines Management Support Pathways** - an orthostatic hypertension treatment guideline is in development for use by the Virtual Ward (Frailty) and the Falls Team.

In conjunction with the Cardiac Service the Virtual Ward (Frailty) have been supported to develop a pathway for the use of oral diuretics to manage fluid overload in the community, which will contribute to reducing admission to hospital.

**Children's Continuing Care: Transcription of Medicines Administration Charts** - training has been provided to the Children's Continuing Care Nursing (CCN) Team in the transcribing of Medicines Administration Record (MAR) charts. This complements the work undertaken by the Hannah House team during 2020, and will enable the CCN Team to transcribe MAR Charts themselves, freeing up time requesting charts from GP practices, and potentially refusing admission if a chart is not available to support safe medicines administration

**Tier 3 Weight Management: Liraglutide Pathway** - the pathway for provision of liraglutide in line with NICE TA 664 by the Tier 3 Weight Management Service was agreed by Commissioners. Up to sixty patients will access treatment over the course of the year. Supply of the specialist medicine will be made through the service for the entire 12-month treatment period.

Working in conjunction with other corporate teams, a provider for supply and delivery of the medication to patients over the treatment period has been identified, with prescriptions to be issued electronically, and repeat prescription supplies to be delivered directly to the patient.

**Implementation of Safety Alerts** - in response to a MHRA safety alert crisis in patients taking long term steroids (oral, topical or inhaled), the their framework for the management of patients taking essential minimising the risk to steroid dependent patients. The team at HMYOI ensure steroid cards are issued as appropriate.



on the recognition of adrenal Police Custody Service reviewed medicines to include advice on have agreed a process to

In August 2021, a National Patient Safety alert on the elimination of bottles of liquefied phenol 80% was published. The Podiatry Service have been supported to implement the alert, identifying a safer product to use (phenol impregnated swabs), amending ordering systems to ensure that 80% phenol cannot be ordered and safe disposal of all remaining stock bottles ahead of the February 2022 deadline for completion of actions.

**Introduction of e-Prescribing** - the Digital Clinical Enablers Task & Finish Group was established in April 2021 to drive forward the electronic prescribing agenda. Building on the exploratory work undertaken by ICAN during 2020, a service e-Prescribing readiness checklist has been implemented. Development of the ICAN e-Prescribing formulary continues, with additional templates for the management of epilepsy and gastro-oesophageal disease.



The Cardiac Service became the second service to onboard onto the e-Prescribing project. Following the issuing of their first e-Prescription in September 2021, the service described e-Prescribing as “life-saving” for their clinical practice.

Services onboarded during 2021/22: Cardiac Service, Virtual Frailty and the End of Life Team

## **Safeguarding**

The Safeguarding Team have worked incredibly hard this year and have been successful in gaining substantial assurance from our children’s safeguarding audit in April 2020. The team have obtained the Quality Mark for LCH for Domestic Abuse from Safer Stronger Communities (formerly known as Safer Leeds) and have developed a new Domestic Violence champions group. The team jointly authored a journal article for the Journal of Community Nursing *Domestic Violence, Our Staff and Our Services JCN 2021, Vol35, No6*.

As the organisation faced significant challenges from the pandemic, the safeguarding team supported local clinical teams and completed visits for the Neighbourhood Teams. In addition to the significant support they have been to teams, they also assisted Leeds Safeguarding Adults Board partners with the development of the Exceptional Risk Forum and have a presence on the panel and assisted Leeds Safeguarding Adults Board partners with the development of the ‘ALWAYS’ tools supporting the self-neglect agenda. A SUDIC teaching package, developed by the team, is now available on the Leeds Safeguarding Childrens Partnership website. In recognition of her support for the team, Jane, the team’s administrator received a ‘thanks a bunch’ for all her hard work and support across the whole team

## **Clinical Education**

During the year 2021/22 the Clinical Education Team continued to support the Trust in its COVID-19 response. Staff within the team supported the vaccination roll out across the city and worked in the Neighbourhood Teams to support the pressures in the Adult Business unit.

A programme of training and education was developed to support Trust wide staff to provide Mutual Aid to clinical teams impacted by the COVID-19 pandemic and annual winter pressures. The Clinical Education Team responded quickly to develop training packages to ensure our wider workforce, including clinically registered corporate colleagues, could be effectively mobilised as required and were confident and competent to support our patients and community.

The Team have continuously worked to re-establish, support and secure clinical placements in the last year following some placement pauses in the previous year. Almost all placements have been re-established to ensure our students and future workforce receive the best possible learning experience.

The Team took an innovative approach and considered how a placement takes shape and worked closely with children's services to develop a blended placement offer. This alternative offer has been captured in an article and accepted for publication in the British Journal of Child Health, 'Blended Learning: Maintaining clinical placements for child nursing students during the COVID-19 pandemic' **February/March 2022 Vol 3 No 1**.

Work on the new T level qualifications has continued with LCH collaborating with Leeds City College and Notre Dame Sixth Form College to offer a new programme of study to provide industry placements from September 2022.

We have ten Degree Nurse apprentices who are coming towards the end of their studies. Six are due for completion this year with the remaining four due for completion next year.

## **Part Five Health Equity, Inclusion and Wellbeing**

In LCH we are committed to improving health equity and inclusion both for our communities and the people we serve but also for our staff and colleagues. It is crucial that our staff feel supported and included to ensure they have a voice, to support good morale and ensure we are living our Values. As an organisation we are working hard to secure equitable health for our communities and colleagues and have dedicated a Chapter in the Account to demonstrate that commitment.

### **Improving Health Equity**

In May 2021 LCH formally committed, through approval of our first Health Equity strategy, to address unfair and avoidable differences in the health of different groups and communities, by working with communities and partners to create equitable care and pathways.

The development and delivery of the strategy is the first stage in our long-term commitment to taking action to address what is a long-term problem of inequities in health across our population and delivery. Nationally and across regional and local systems, focus on addressing health inequalities continues. Our strategy supports us to move from intent to action, identifying and addressing inequities within our own provision of care as well as contributing to cross-system action to address wider determinants.

## Statutory Duties

We have a statutory duty under the Equality Act 2010 that focusses on opposing discrimination on the grounds of protected characteristics. Our Health Equity strategy goes further than this to both broaden the groups with a focus on deprivation and health inclusion groups; consider the intersectional nature of a combination of characteristics and most importantly focus on equity rather than equality. Through this, we continue to deliver on our statutory duties relating to health equity:

- The **Public Sector Equality Duty** requires us to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities. Our Equity and Quality Impact Assessment process is core to how we remove or minimise disadvantages suffered by people due to their protected characteristics and take steps to meet the needs of people from protected groups where these are different from the needs of other people. Following the first 6 months of our new EQIA process we reviewed the 15 EQIAs brought to panel to refine the process and tools that support it and understand the cumulative impact of changes.

Example:



## Cardiac Rehab

The Cardiac Activity Programme has been redeveloped to offer increased choice to patients in both delivery method and location. They have changed from a 6-week exercise and education programme that, while it evaluated well by people who attended, identified through feedback from people who did not access the course that waiting times were too long, timings and location of sessions were not flexible, and the groups were not always appropriate for different people specifically in relation to age, gender and ethnicity. The new offer is a menu-based approach including:

- personalised home activity programmes with the option of easy-read information for the exercises
- digital [myheart](#) app with the option to provide tablet devices to address digital exclusion
- flexible, personalised face-to-face physical activity sessions in local leisure centres (reduces time and cost of travel) of an activity to be chosen by the individual. Due to the change in delivery from group to a one-to-one basis, carers can now also be included and on completion of the sessions, patients are re-assessed and invited to continue their preferred activity at a discounted rate, which they can then continue with their carer or other social contacts.

For more information, contact Caroline Stocks, Diane [Burke](#) or Nicky Simpson.



### Positive impact on:

- 21 quality measures

### 1 risk identified:

- Access in other languages – [myheart](#) app developers approached, information available in other languages.



### Changes benefitting people:

- Living in deprivation
- With physical disabilities
- With Learning Disabilities
- From Black, Asian and minority ethnic communities



### Intending to make a difference by:

- Increasing choice
- Reducing waiting times
- Increasing uptake
- Improved self-management & outcomes

- The NHS **Equality Delivery System (EDS2)** is a mandatory performance framework that aims to improve equality performance within the NHS and embed equality into mainstream business planning. The framework includes 18 outcomes around both patient care and diverse & inclusive workforce, grouped under the four goals: better health outcomes for all; improved patient and carer access and experience; empowered, engaged and included staff; inclusive leadership at all levels. Leeds health partners have a 3-yearly cycle to focus on these goals with a focus in 2021/2 on better health outcomes for all, pending the outcome of the national review of EDS2 and implementation of EDS3. In LCH, work to make improvements has included:

EDS2 outcome	Example in 2021/2
1.1 Designed and delivered to meet local community health needs	A new partnership role between Basis and LCH has been funded through NHS Charities Together and will increase awareness and good practice within LCH services around the health needs of sex workers and people who are sexually exploited. Within this community, there is intersectionality with vulnerable migrants, including people who are trafficked. Priority health needs that have been identified include mental health, trauma-informed practice in all services and continence/colorectal as well as continued engagement and partnership working with Leeds Sexual Health.
1.2 Individual health needs are assessed and met	Our Communications template for clinical records was updated in July 2021, with additional focus on a range of communication needs as well as digital inclusion supporting delivery of the Accessible Information Standard. This informs our communication methods with patients (language, format etc) about appointments and in the delivery of care. We are now also able to analyse other data with this lens, to identify and address potential inequity in access for people with different communication requirements. This work is also supported by the partnership with BID around improving physical access to services for people with sensory impairments.
1.3 Transitions are made smoothly with everyone well-informed	Children's and adult services are working together to consider the needs of children transitioning to adult services to improve communication, patient and carer experience.
1.4 Safety is prioritised and free from mistakes, mistreatment and abuse	Our Health Equity strategy includes an objective around equity in quality and safety, with the development of data sources and analysis to help us understand: if the risk of harm from healthcare is experienced unequally across different groups of patients (are some patients less safe than others); if so, what are the mechanisms that drive these differences in risk; what are some of the possible solutions to mitigating these risks. Actions responding to this has included work to ensure training and guidance relating to wounds, clinical indications and symptoms reflect the skin pigmentation of all our communities, such as reference to Mongolian Bluespot in our bruising policy, infection indications and pulse oximeter readings on different skin tones.
1.5 Screening, vaccination, and	COVID-19 vaccination planning, and delivery has included understanding which diverse communities had lower uptake of the vaccine from the beginning. This meant that as soon as potential health inequalities were identified, insight work was undertaken with communities and action taken to deliver in

other health promotion services	alternative community spaces increasing uptake from 30 to 80% in over 80s in those communities. Examples of inclusive practice includes work in partnership with Leeds GATE, a third sector organisation supporting Gypsies and Travellers to develop a short film to provide accurate information to the community about the COVID-19 vaccine and the delivery of the vaccine in sexual health outreach clinics.
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## Equipping the organisation to make fundamental, sustainable change

To increase understanding of health equity in our services, in year 1 of our strategy we have developed an equity dashboard of performance reports relating to access, experience and outcomes within our services, broken down by deprivation (IMD decile) and ethnicity. This is supported by data quality reports on ethnicity recording and communication template entries, including language and interpreter requirements. Additional bespoke reports have also been developed to support analysis of waiting lists by ethnicity, deprivation, and interpreter requirements. These provide us with the data to undertake analysis recommended within the Healthcare Inequalities 2022/23 Planning Guidance Advisory Note, and the opportunity to learn from and respond to engagement and feedback such as Healthwatch Leeds' report on barriers to healthcare experienced by people with English as a second language.

## Health Equity Fellowship

LCH is working across the Integrated Care System and Place of Leeds in addressing health inequalities. This requires a whole system approach from strategic planning and leadership to community level service delivery. The Health Equity Fellowship Programme was launched in November 2021 and is part of the **West Yorkshire Health and Care Partnership Health Inequalities Academy**, working towards the ambition to equip all staff with an understanding of the individual and collective action we can take to create a more equitable health and care system. This fellowship programme seeks to develop colleagues across West Yorkshire who understand the foundations of health inequity and have the knowledge, skills, and courage to build more equitable organisations and communities. Thirty fellowships are planned to start in March 2022.

## Learning Disabilities

During 2021/22 the Learning Disability Lead continued to provide clinical consultancy to individuals and teams. This has supported quicker access to the correct services for people with learning disabilities. Our Lead has provided expert insight and understanding

of the most appropriate services and how they can be accessed most effectively. As an organisation we have developed areas of excellent practice to support our communities, these include:

- The Cardiac Team who are producing easy read material for education, on what is a healthy heart, and exercise.
- The PHINS 0-19 Team are ensuring parents with a learning disability are receiving their enhanced offer. They are also leading the work across the Integrated Care System to review parenting resources.
- The Dietetic Team have reviewed what reasonable adjustments they can offer to people.
- The Continence Team are providing an easy read outcome letter
- Recognition that physical health has an impact on capacity.
- A visual action plan that is sent out after an appointment in ICAN, has been added to SystmOne and is now being used by the Continence Team for all children with a neurological disability and/or a learning need.
- Easy read clinical outcomes measure can now be found on the external website for use.
- Work continues to develop a visual appointment letter.
- Discussion regarding terminology; Learning Disability versus Intellectual Disability. Discussion includes diagnostic consideration, the views of families and people with a learning disability and current branding that will be used across the Integrated Care System.

## **Staff Health and Wellbeing**

### **Staff Health and Wellbeing Engagement Group**

The Staff health and Wellbeing Engagement Group continued to meet regularly during the pandemic and flexed and responded to support the health and wellbeing needs of staff. Key work during this time included:

- targeted support for teams identified as particularly under pressure or experiencing the impact of the COVID-19 pandemic.
- improved communications and promotion of a broad range of health and wellbeing interventions and support available for staff. This included a blog from the CEO and the production of a health and wellbeing booklet delivered to every staff members home address containing details of the full range of health and wellbeing support they could access
- the group were consulted as a key stakeholder in developing the content for the Workforce Disability Equality Standards (WDES) Action Plan and the Wellbeing section of the new Workforce Strategy 2021-25.

- staff personal stories were promoted, often around national days, such as Menopause, Working Carers, Dyslexia, Endometriosis and working and living with a disability (M.E.) This continues to embed an open culture where often taboo subjects are openly shared, with the purpose of raising awareness of health conditions and what support LCH can offer and the wider support that is available.
- members of the group also feed in from the various support groups such as Men's Health, Shielding Group, Working Parents and HWB closed Facebook, to ensure connectivity with wider HWB agenda
- during this time LCH received accreditation as a Disability Confident Leader, one of only 22 NHS Trusts, in recognition of the public commitment shown and progress made around disability

As we are coming out of the pandemic, it was timely to re-engage with staff to hear about the best ways to shape the ongoing health and wellbeing support. We therefore took the opportunity to refresh the Terms of Reference and membership of the group. The newly reformed group recently met and consists of the Trust Wellbeing Guardian, representatives from staff who have a disability or long-term condition (hidden or otherwise), staff who have a passion for making a difference and management and trade union representatives.

We will work together in partnership to look at what the future health and wellbeing support will be, as well as using the commitment of the members to progress the key actions within the Workforce Disability Equality Standards (WDES) Action Plan and Health and Wellbeing plan.

### **Dyslexia and LCH, Keziah's Story**

As an organisation we have had a focus on Dyslexia this year to better support our colleagues. Our Executive Director of Nursing and Allied Health Professionals, Steph Lawrence, introduced an update by our colleague Keziah Prince who shared her insights of living and working with Dyslexia.

*'I am writing an introduction to this blog from Keziah to try and help raise awareness of Dyslexia. It is a complex issue as Keziah describes below and it is important that everyone understands it in order that we can all support our colleagues across the Trust. I don't want anyone feeling that they are unable to talk to people about this and would urge anyone to speak to their line manager about what adjustments and support they might need if you have Dyslexia and please do not suffer in silence. We are about to embark on some training around raising awareness of Dyslexia in our department and we will look to roll this out more widely across the Trust'.*

***'I am a person living with Dyslexia.'***



*I struggled for the first couple of years within my role with sharing about openly, my Dyslexia. I feared being judged. As a result, I developed coping mechanisms which in turn impacted on the severity of my Dyslexia until one day I decided to share my challenges and difficulties with a senior member of the Trust and they immediately took action to address this.*

*Before that, I would not speak in meetings, avoided some conversations and had anxiety about new changes and tasks as this affected my mental health and wellbeing. I struggled with meeting deadlines as I require extra time to do tasks which meant I must carry on working after my working hours to ensure deadlines are met. This impacted significantly on my health and confidence.*

*After gathering the courage to speak up, I have had good support to manage my work at Leeds Community Healthcare. This included the several hours of coping strategy sessions, Grammarly, read & write and Dragon Software. At LCH we want to support all staff who are dyslexic. Please speak to your manager about the next steps with support for Dyslexia'.*

### **Racism and Health Inequalities**

LCH recognises that everyone has a part to play to combat racism and all forms of discrimination. This includes having fair and transparent systems and policies in place and making changes for the better.

Inequalities in health has always been a problem due to the discrimination experienced by black and ethnic minority people. The pandemic has turned a spotlight on the impact of health inequalities as there has been a disproportional numbers of Black and Ethnic Minority deaths from the pandemic.

### **Race Equality Network @LCH I Can Be Me**

The Race Equality Network are a group of LCH employees who have a shared common purpose, to work with the Trust to eliminate discrimination, create supportive working environments, whilst also encouraging better understanding of the needs of Black, Asian and Minority Ethnic individuals within LCH and the community.

The Race Equality Network (REN) has increased its membership by around 10%, to approximately half the staff who identify as being from Black or Minority Ethnic backgrounds within LCH.

We have invited senior guests from the organisation including the Senior Management Team and the Non-Executive Director's to discuss issues directly with REN members. The Network has become part of the conversation, and a key agent of making positive changes and improving experiences of colleagues. Members have been involved in the Freedom to Speak Up campaign, recruitment and new starter panels.

In the last 12 months, the network has focussed on celebrating our diverse cultural heritages and shared many personal stories from Network members from different backgrounds. We found that sharing personal stories made our collective struggles more relatable and this was demonstrated by discussions that these articles triggered among staff across the Trust. Many of these articles featured on the Network's communication channels and the LCH daily bulletins during 2021. These articles also helped shape some positive conversations and helped educate the wider LCH family on our collective journey to becoming a more inclusive, anti-racist organisation.

Additional REN activities in 2021/22 include:

- significant focus on staff health and wellbeing including open discussion about issues exacerbated by the COVID-19 pandemic
- discussions regarding vaccine hesitancy and signposting staff to materials to make help them make better informed decisions based on best available information.



- increased Freedom to speak up (FTSU) activity, staff feeling more empowered to call out racially prejudiced behaviours and practices.
- launching “Space to heal” pilot programmes
- joint work with partners to co-deliver a series of seminars in the Autumn 2021 and a local radio discussing the power of networks
- Peterborough and Cambridge: NHS trust : Consulted with about starting their own network and reverse mentorship and starting their own programmes
- “Root out racism campaign” - launched alongside West Yorkshire and Harrogate partnership

The REN has also developed, is helping to educate, and share experiences of staff members from Black, Asian and Ethnic Minority backgrounds through the Allyship and Reverse Mentorship programmes.

### **Reverse Mentoring Scheme and Allyship Programmes**

LCH offers employees two distinct programmes, the Reverse Mentoring scheme and an Allyship programme, they are two important steps the Trust has taken in moving forward, focusing on enabling the workforce to comfortably interact with race, engaging in the changing of the deep-rooted cultures of race inequalities within the system.

The impetus for both programmes came from NHS Staff Survey Results showing a need for Trusts to renew focus on equality, diversity and inclusion and uphold the NHS Workforce Race Equality Standard (WRES). Both initiatives recognise the importance of clearly understanding privilege, of relationship building, and the power of personal testimonies

**The Reverse Mentoring Scheme** is a 12-month pairing of two employees (mentor/mentee), who meet on a regular basis during that period. The initial emphasis is on nurturing, respectful, open, honest conversations between the two allowing the mentor to feel able to authentically share and express experiences of their working environment and beyond. Mentors, who are colleagues from a Black or Minority Ethnic background can build empathy for their world view, helping the mentee develop self-awareness.

The mentees position is of listening, learning, and to attempting to view life through the lens of their mentor. The relationship often flourishes into a challenging yet rewarding sharing of perspectives and has led on several occasions to opportunities within the organisation for the mentor.



**Allyship** is about building relationships of trust, consistency, and accountability with marginalised individuals and/or groups of people. Being part of the LCH Allyship Programme is a continuous process in which someone with privilege and power seeks to first learn about the experiences of Black, and Minority Ethnic groups (as a whole), empathise with their challenges, and build relationships with them, adding your voice to that of your Other than White colleagues.

The Programme is offered by LCH to non-Black and Minority Ethnic colleagues and is an in-depth, deep dive exploratory programme. It comprises of six half day interactive sessions tailored to pertinent topics. The programme is designed to be a safe space for open honest dialogue and challenge. It requires delegates to undertake preparatory reading/viewing or exercises before each session. It is delivered over a six-month period to allow delegates to absorb and reflect on upon the material and to begin to construct their own 'Good Allyship Plan'. The Programme's fourth cohort started in March 2022.

### **Rainbow Ambassadors**

In Leeds Community Healthcare, 300 people with lived experience, and their allies, have joined together through the 'Rainbow Ambassadors'. The group brings together diverse voices and strengthens partnership working in support of the LGBTQIA+ agenda. Alongside the Equality, Diversity, and Inclusion (EDI) team; the group have shared experiences; promoted the Rainbow Badges; created a book club; blogged during Pride week; supported inclusion on the Trust's staff Facebook wellbeing page and have reflected on LGBTQIA+ data at Trust level.

### **LGBTQIA+ issues: The Importance of Change**

Equality, Diversity and Inclusion Project Officer and Rainbow Ambassador, Carla Primmer (she/her) shares the work of two projects she has led with the Rainbow Ambassadors group:

**Accessible and inclusive communication on SystmOne** - we recognise language has the power to affirm identity, and we are revising how we record pronouns, gender identity and sexual orientation on our clinical systems. We are aiming to move away from assumptions to ensure that we refer to people in ways that make them feel respected.

**Sanitary bin provision** - our bathroom needs are as individual as we are, and access should not just be based on the physical form. Bathrooms are one of the few areas in a workplace where gender identity plays a central role and can affect a person's feeling of belonging. Sanitary bins are now provided in all washroom facilities of the Trust Headquarters. The aim is to replicate this in our health centres.

## Influencing Change: Podiatry and Dental in the Spotlight

Podiatry and Dental Operational Head of Service, Gail Fort has been leading on LGBTQIA+ inclusivity. Both teams have promoted the Rainbow Ambassadors group, the use of pronouns and the LGBTQIA+ flags and badges across the services and on Twitter and Facebook. Podiatry are proud to have Paul Heathfield Jones, with lived experience, and value his contributions at LCH's Equality, Inclusion and Diversity Forum.

Our colleague Efstathia shared her

Thoughts on the use of pronouns:

Hi my name is Efstathia, my pronouns are she/her. The Dental Team in LCH have promoted the use of pronouns in email signatures. We have brought LGBTQIA+ discussions to the team and wider to the Trust, as part of a blog. It has been great to see members of staff feeling confident to approach the dental rainbow ambassadors with questions on how we can better support the LGBTQIA+ community we serve. Over the next 12 months we will support the second phase of the rainbow ambassador initiative and keep equality on our team agenda."



## Workplace Disability Equality Standard (WDES)

The WDES, launched in April 2019, is a set of measures that will enable the Trust to compare the employment experiences of disabled and non-disabled staff. The Trust is committed to promoting fairness and equality of opportunity for the diverse workforce it employs and we have made some progress within the WDES arena in the last year, notably that the Trust has achieved the Disability Confident Leaders accreditation.

We continue to work with the Department of Work & Pensions and Leeds One Workforce to reduce barriers in our recruitment process for future employees with disabilities and improve the experience of staff with disabilities through the Health & Wellbeing Engagement group.

We believe a well-motivated, inclusive and valued workforce helps to deliver high quality patient care, increased patient satisfaction and improved safety for the people we care for.

### **Workplace Race Equality Standard (WRES)**

The WRES, launched in April 2015, designed to ensure staff from black and minority ethnic (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace.

This is important because studies shows that a motivated, included, and valued workforce helps deliver high quality patient care, increased patient satisfaction and better patient safety. If we are to realise the vision of delivering the best possible care to all communities, it is essential that our workforce is as diverse as the community we provide services to.

To this end, during the last year we have continued work to build knowledge, skills and behaviours within the healthcare community. In common with other public service organisations, we have policies to guide us in achieving this aim; however, it is the way we implement our policies that makes a difference.

The Trust continues to make progress, delivering the WRES action plan. In particular in March 2022 the launching of the cohort 4 of the Reverse Mentoring programme between Black and Asian staff and Trust Board members/senior managers and cohort 4 of the LCH (Race equality) Allyship Programme: a continuous process in which someone with privilege and power seeks to first learn about the experiences of black ethnic groups (as a whole), empathise with their challenges and build relationships with them, adding their voice to that of your other than white colleagues.

We continue to support, in partnership with the LCH staff Race Equality Network, the West Yorkshire Health & Care Partnership anti racist campaign, #WYHRootOutRacism as part of our wider work to create an inclusive environment for patients and staff.

## Freedom to Speak Up

### [Our F2SU Trust Video](#)

At Leeds Community Healthcare the work of Freedom To Speak Up has continued in the last year. We continue to focus on building an effective and caring speaking up culture.

In the 2021 Freedom To Speak Up Index Report we rated joint eighth of all the NHS Trusts nationally for good speaking culture. This is a strong achievement for all involved in this work, those who speak up, the Speaking Up Champions, the LCH Board, the Chief Executive, the Non-Executive Director who leads on Speaking Up, the Chair and the managers who work with concerns. It expresses how we as an organisation try to hear and understand our staff and their voices.

Our approach to culture is called 'Speaking Up is a practice not a position'. This means that at Leeds Community Healthcare there are a number of portals to enable speaking up. These organisational doorways include managers, HR, Staffside, Ask Thea, easy access to directors and the Freedom to Speak Up Guardian/Champions. This approach seeks to embody speaking up across the trust and create a positive speaking up culture.

The Freedom to Speak Up Guardian reports to the board at Leeds Community Healthcare and to the National Guardian Office. Assurances are given to Leeds Community Healthcare regarding Freedom to Speak Up coverage across all four business units, from all occupations in the trust. Assurance is also provided that LCH are benchmarked to other trusts in relation to numbers of cases reported, and to ensure we are fully involved in national and regional work.

The work contributes to patient care, staff wellbeing, culture change and best practice. There is an established and effective process of speaking up. Every staff member who approaches the Guardian and Champions is offered ongoing support.

The ten Race Equality Network Speaking Up Champions are offering quality work supporting colleagues from different ethnic communities. The Freedom To Speak Up Guardian facilitates the support group for staff who are Clinically Extremely Vulnerable. This group meets fortnightly offering peer support for staff and for the trust acts as an expert reference group.

Work with Leeds GP Confederation and Leeds Clinical Commissioning Group to build speaking up work in Leeds General Practice continues. We are also working with Leeds City Council to support their development of Freedom To Speak Up work. This work is progressing to the appointment of a Freedom To Speak Up Guardian for local authority services and staff.

### **Other features of the work this year have included:**

- we have presented to universities and other NHS trusts about our work and approach.
- we supported NHS Digital to establish and recruit Freedom To Speak Guardians for their organisation.
- the Guardian was invited to sit on the national Staff Experience Steering Group for NHS Employers to work with other disciplines across the country about staff welfare and best culture.
- the Guardian was invited to sit on the national NHS Race and Health Observatory Stakeholder and Engagement Group to support the work on inclusion and equality.
- we have mentored and supported Guardians in other trusts.
- we ran two successful 'Speaking Up and Leadership' online modules for managers in our trust.
- vlogs and blogs sharing our work and values have appeared on national platforms of the NHS Leadership Academy and the NHS Confederation.
- the Guardian was Highly Commended in the 'Making a Positive Difference' Race Equality Award from the West Yorkshire and Harrogate Partnership.

The work continues to evolve and grow. It is a sign of the trust's strong commitment to our people and their needs.

## **Part Six Celebrating Success**

### **Awards**

Our colleagues, teams and services in LCH are committed to safe, effective and responsive care and we are proud of the hard work they do daily. Their hard work and commitment is evidenced throughout the organisation and throughout our services. Despite the continuing global pandemic our colleagues always shine and 2021/2022 saw the following achievements for our colleagues:

## **External Awards**

### **Chief Executive's Special Award win at the Leeds City Council (LCC) Awards for Excellence**

The Public Health Team, LCC Health Protection Team and Infection Prevention and Control Team (Adults and Health) won the LCC Chief Executive's Special Award at the Leeds City Council Awards for Excellence event, for their work on the COVID-19 outbreak management. They worked with a range of settings to limit the spread of the virus and provide public health support to many services who faced disruption, including social care, care homes, education settings and workplaces.

### **Teams Shortlisted at the Leeds City Council Awards for Excellence**

The Infection Prevention and Control team were shortlisted for the Partner of the Year Award.

The Homeless and Health Inclusion Team were shortlisted for the Partner of the Year Award for their multi-agency partnership work to support rough sleepers during the COVID-19 Pandemic.

### **Team of the Year success at the Nursing Times Awards**

The teams from St Gemma's Hospice, Leeds Community Healthcare, Bevan Healthcare, Leeds Street Outreach, and BARCA-Leeds were awarded Team of the Year for its collaborative work widening access to palliative and end-of-life care for homeless and vulnerably housed people in Leeds.

### **Finance Student of the Year Award**

Marcel Manners won the Finance Student of the Year Award at the annual awards ceremony of the Yorkshire and Humber Branch of the Healthcare Financial Management Association. Marcel joined Leeds Community Healthcare as a Finance Apprentice in October 2020. During this time, he has been part of the Financial Accounting team where has made an extremely positive impact on the services provided by the team.

### **Close Partnering and Collaboration Award**

Rachel Tarrant and Jenny Davison, the joint coordinators of the Leeds Long COVID-19 Community Rehabilitation Service (LLCCRS) won the Healthcare Financial Management Association Close Partnering and Collaboration Award.

### **British Medical Journal Awards 2021: Clinical leadership team of the year award**

The Leeds Long COVID-19 Community Rehabilitation Service won the Clinical Leadership Team award at the British Medical Journal Awards 2021.

The Leeds Long COVID-19 Community Rehabilitation Service support people in Leeds experiencing new, long lasting problems 12 weeks or more after a confirmed or suspected COVID-19 infection which are significantly impacting how they are able to function in day-to-day life.

### **Medipex NHS Innovation Awards 2021**

The Leeds Long COVID-19 Community Rehabilitation Service were joint winners in the Management of Long Term Conditions category at the Medipex NHS Innovation Awards 2021 awards.

### **Royal College of Podiatry Diamond Award**

Nina Davies, Clinical Systems Pathway Development Lead, was awarded a prestigious Diamond Award by the Royal College of Podiatry at the House of Lords.

Some of Nina's contributions to the field include being actively involved in National Institute for Health Research: funded research and equipping the next generation of Podiatrists as a visiting lecturer at Staffordshire University, working with the University of Plymouth on apprenticeship training and leading collaborative publications to raise awareness and consistency.

### **Shortlisted for Best Use of Integrated Care and Partnership Working in Patient Safety Award**

Our Leeds Virtual Ward (Frailty) was shortlisted at the Patient Safety Awards 2021 in the Best Use of Integrated Care and Partnership Working in Patient Safety category.

The Leeds Virtual Ward (Frailty) is a collaborative service offer between Leeds Teaching Hospitals NHS Trust, Leeds Community Healthcare NHS Trust, Leeds Clinical Commissioning Group and other local partners including Adult Social Care and Leeds Oak Alliance. The service aims to provide coordinated rapid care to people with an urgent medical need who can be safely managed in their own to provide an appropriate alternative to a stay in hospital.

### **Compassionate and Inclusive Leader – Role Model**

Kulvant Sandhu, Named Nurse for Mental Capacity Act and Dementia won the Compassionate and Inclusive Leader – Role Model award at the National Health and Care BAME Awards for the "significant difference made to the trust BAME network, recruitment, selection processes, and talent management action plan".

### **Queens Nursing Institute**

This year five of our nurses achieved the honour of becoming Queen's Nurses through their high level of commitment to learning, leadership and excellence in patient care. They are:

- Jane Brauholtz-Speight, Sexual Health Nurse
- Bev Calvert, Clinical lead, Cardiac Service
- Rachael Lee, Clinical Pathway Lead.
- Christine Pearson, 0-19 Clinical Team Manager
- Kulvant Sandhu, Named Nurse for MCA and Dementia, Safeguarding Team

### **The Good Governance Institute – The Julie Bolus Rising Star Nursing Award**

This year the Julie Bolus, a highly experienced and respected nurse passed away following a short illness. To celebrate and sustain her energy and passion for nursing the Good Governance Institute launched the award in 2021 to recognise a nurse who is seen to be a rising star. This year the following colleagues were nominated for the award:

- Lynne Chambers – Head of Safeguarding
- Claire Gray-Sharpe – Head of Clinical Governance
- Karen Otway – Quality Lead



- Claudia Poynton - Nurse for the Community Intravenous Service

## **Internal Awards**

### **The LCH Thank You Event - [Our Thank You Event Video](#)**

#### **Leader of the Year – Joint Winner Deputy Director of Finance Cherrine Hawkins'**

Cherrine's leadership, commitment to excellence and her work ethic identify her as an exceptional leader. This year, with the support of Richard Stephenson, Cherrine has led the Finance team to achieve Level 1 in the national "Towards Excellence" finance accreditation standards.

#### **Leader of the Year - Joint Winner: Tessa Knowles, Community Dietitian**

Tessa has provided leadership overseeing the Adult Dietetic Home Enteral Feeding Team for the last two years. She has worked in an integrated way to develop pathways for diabetic tube fed patients and neurological patients and has supported the tender process. Her ability to communicate effectively and make proactive decisions has created successful results for the team and patients. Her inclusive leadership style has meant the team and wider multidisciplinary teams are endlessly supported both clinically and personally and continue to progress.

#### **Team of the Year – Front of House Administration Team**

The Front of House Administration Team is the first point of contact for most services users, staff visiting sites and external contactors and partners. They are a team of 65 staff covering 29 sites Monday to Friday, greeting everyone with smiling faces and a willingness to help.

They demonstrate our vision and values every day. They support each other, communicate brilliantly, get involved with team meetings and bring ideas to share and try. The line managers are integral to the team and spend time listening and supporting their staff, working alongside them. (...) I am constantly amazed by these staff and I'm so grateful to them for doing that each and every day."

## **Team of the Year – Highly Commended: The Cardiac Service**

The Cardiac Service have worked as a team to maintain an excellent service for their vulnerable patient group and looked after each other in the process. During the pandemic, the level of complexity they manage increased as patients with heart failure often wanted to avoid admission to hospital due to the high risk of catching COVID-19. This meant they were managing patients at home who ideally required acute care and were often in the palliative stages of their condition.

## **Project of the Year – Winner: LCH NHS Your Health and Wellbeing: Caring for Each Other Facebook group, run by Emma Coupland, Chris Farquhar, Grace Stewart-Hanson, and Karen Lai.**

In response to the COVID-19 pandemic, the need to support staff health and wellbeing and enabling interaction became even greater and a staff Facebook group was developed. 'LCH NHS Your Health and Wellbeing: Caring for Each Other' is a closed group available exclusively to LCH staff. The group was launched in January 2021, and through various methods of promotion, membership has steadily increased to over 600 staff members.

The purpose of the group is to share health and wellbeing resources, promote Trust initiatives such as the Winter Arts for Wellbeing event, and be a forum for colleagues to connect and support each other. The group has successfully fostered a friendly, inclusive community feel where people are free to contribute their ideas and experiences.

The small team of staff volunteers who manage the page, Emma Coupland, Chris Farquhar, Grace Stewart-Hanson, and Karen Lai, do a fantastic job of keeping it running, organising regular engaging activities to enable staff to join in and have some fun. These have included a virtual bake-off competition, a Halloween decoration competition and a pet mascot competition. An LCH netball team is also being set up as a result of posts within the group!

Business Manager, Lyndsay Hamilton nominated the Facebook group saying, “The ongoing achievement of this group should be celebrated and supported, to enable this positive forum to continue to flourish.”

Feedback about the group included: “I have connected with so many colleagues on this group who I would never have previously met or spoken to...it’s brilliant!”, “It is nice to have a platform away from work to talk open and honest about life.” And “It is a really positive way to interact with colleagues with non work-related activities – which builds relationships across the trust in a more relaxed and healthy forum!”

### **Project of the Year – Highly Commended: Community Cancer Support Service**

The Community Cancer Support Service is a new service that launched in September 2020 and is funded jointly by the CCG and Macmillan. The service is one of the first community-based cancer teams in the UK. It offers personalised care and support to patients from diagnosis to end of treatment, living with and beyond cancer, or early palliative care.

### **Colleague of the Year – Joint Winner: Ruth Mercer, Speech and Language Therapist.**

Speech and Language Therapist Ruth Mercer has ardently supported students with their development and passionately helped them to build their confidence by being “the perfect mentor”. Her relentless support for her colleagues and enthusiasm for her work is a highlight of her nomination. Passionate about her specialism, Ruth also runs groups for ‘Sunshine and Smiles’ for children with Down Syndrome and their families.

### **Making Stuff Better - Winner: Sarah McDermott, Palliative and End of Life Care Lead**

The winner of the Making Stuff Better award is Sarah McDermott, Palliative and End of Life Care Lead. Sarah has been pivotal in the development and implementation of new teams to the Trust. She manages three teams for Leeds Community Healthcare (LCH).

She leads the work of the Palliative Care Leads in all neighbourhoods across the city to deliver training to staff who support with palliative care, the End of Life Care in Care Homes Facilitators team who support with education and training of nursing home staff to ensure high quality end of life care, she also leads the development of the Community Cancer Support Service. With Sarah’s support, encouragement and guidance, the service has been receiving excellent feedback from patients and healthcare professionals alike.

### **Making Stuff Better - Highly Commended: Dr Alison Share, Consultant for Integrated Childrens Additional Needs South**

Dr Alison Share, a Consultant at Integrated Children’s Additional Needs South has been the Designated Doctor for the Children Looked After Team for the past fourteen years. Alison has implemented pathways to minimise unnecessary appointments for young people. Alison advocates for young people locally, regionally, and nationally, to ensure the best outcomes.

### **Kate Granger Patient Care - Winner: Jo Littlewood, Staff Nurse**

Jo Littlewood is a Staff Nurse at Wortley Beck Health Centre and has worked for the Trust for eight years. She is organised, compassionate, and very intuitive. She communicates well, is team orientated and supports and encourages other team members.

She is recognised for her inclusive approach, her warm and welcoming smile and bubbly personality which helps the diverse families she works with feel relaxed enough to understand care and treatment. Her compassion and perceptiveness means she is quick to understand when a family member needs support, even when they are not vocalising it.

Jo has developed pathways for children who have Down syndrome, especially during the pandemic, to ensure that they had their annual growth measurements and blood tests to optimise their healthcare.

### **Kate Granger Patient Care Award – Highly Commended: Maxine Bound, Community Staff Nurse**

Maxine Bound is a Community Staff Nurse in the Armley Neighbourhood Team who always maintains excellent patient care, the visions and values of the Trust and the Six Cs of the Nursing and Midwifery Council. She is a compassionate, genuine nurse who cares deeply about her patients. Whether it's someone who has been receiving care for years or someone who is having fleeting visits or treatment; she gives them all her full attention and care.

## **Part Seven Board Assurance**

This section of the Quality Account contains all the statements that we are required to make. These statements enable our services to be compared directly with other organisations and services submitting a quality account.

### **Statement of Assurance from the Board**

The Board receives assurance for patient safety, clinical effectiveness and patient experience through the Quality Committee which receives and reviews information from the supporting sub-group governance meetings. The Quality Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference. The committee provides assurance to the Board that high standards of care are provided by the Trust and in particular, that adequate and appropriate quality governance structures, processes and controls are in place throughout the organisation which promotes quality. These include patient safety and excellence in care, identify, prioritise, and manage quality and clinical risk and assurance.

This then assures the Board that risks, and issues are being managed on a controlled and timely manner. The committee also ensures effective evidence based clinical practice and produces annual quality account priorities which are monitored on a quarterly basis. The Trust promotes a culture of open and honest reporting of any situation which may threaten the quality of patient care. LCH also continues to review and update organisational and service priorities on an annual basis to ensure that the Trust can meet the needs of the people and communities we serve. The three business units (Adult, Children's, and Specialist) review and produce their individual 'plans on a page' for the coming year as well as the Trust plan. These plans look at the overall vision and direction of the organisation and the development of services.

#### **Review of Services – Cherrine Hawkins – after QC due to date data available.**

During 2021/22 the Trust provided and/or sub-contracted 68 NHS services with £182.6m of income. The income generated by NHS services reviewed in 2021/22 represents 100% of the total income generated from the provision of NHS services by the Trust for the year. In addition, the Trust also provided £1.1m of non-NHS services and the data in respect of 100% of these services was reviewed in year.

#### **Clinical Audit**

All clinical audits that are planned to be undertaken within LCH **must** be registered on the clinical audit and effectiveness registration database. The monitoring of each audit includes results, summary report and improvement/action plans.

#### **National clinical audits**

During 2021/22 four (4) national clinical audits and one (1) national confidential enquiry covered the NHS services that the Trust provides. During that period, the Trust participated in 100% of national clinical audits and 100% of national confidential enquiries, of the national clinical audits and national confidential enquiries which it was eligible to participate. There were no national audits applicable to our organisation that we did not intend to participate.

Eligible National Audits:

<b>Eligible National Clinical Audits</b>
<p>National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme</p> <p>Sentinel Stroke National Audit Programme</p> <p>National Diabetes Audit – Diabetic Foot Care Audit</p> <p>National Audit of Cardiac Rehabilitation</p>
<b>Eligible National Confidential Enquiries</b>
<p>Learning Disabilities Mortality Review Programme (LeDeR)</p>

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2021/22 are listed below alongside the percentage number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry and the learning.

<b>National Audit</b>	<b>Number of cases submitted</b>	<b>Percentage</b>
<b>Chronic Obstructive Pulmonary Disease (clinical audit of pulmonary rehabilitation services)</b>	This audit was paused in October 2021. There are plans to restart this audit in 2022/23. Face to face pulmonary rehabilitation was paused and information was submitted only from virtual intervention. Due to a limited number of patients participating in the virtual offer, the service was not able to extract a report.	100% of patients who participated in virtual offer

<b>Sentinel Stroke National Audit programme</b>	The team is continuing to provide data to Leeds Teaching Hospital Trust for update on the system. The 2021/22 report highlighted that there were a high number of patients requiring rehabilitation when compared to the national average and there were large numbers requiring Occupational Therapy. The number of sessions offered and length of stay on caseload were longer and the waiting times were also longer, when compared to the national average. The service is exploring possible reasons for these discrepancies.	100% patient identified
<b>National Diabetes Audit – Diabetic Foot Care Audit</b>	This audit considers the timely recognition of foot ulceration and the severity and monitors the progress over the 12 week period. There were 44 cases included for participation in this national audit. The service has identified that some of the patients were missed when they accessed acute care and are liaising with the hospital to include these cases for in the data collection. The service are exploring strategies to upload all cases from the electronic health record to reduce data errors and improve efficiency. Due to the limited numbers, the service were not able to extract learning in 2021/22. The service is continuing to partake in this national audit in 2022/23.	100% of all cases identified
<b>National Audit of Cardiac Rehabilitation</b>	Due to the pandemic, this national audit was paused in 2021/22. The service is planning to restart inputting the data when the national audit restarts in 2022/23. Currently the service offer for cardiac rehabilitation has changed from face to face to a virtual option to improve participation and this is monitored by the service.	Paused in 2021/22
<b>National Confidential Enquiries</b>	<b>Number of cases submitted</b>	<b>Percentage</b>

<p>Learning Disabilities Mortality Review Programme (LeDeR).</p>	<p>The organisation takes part in the NHS England (NHSE) &amp; NHS Improvement (NHSI) – Learning Disability Improvement Standards review. This is a national data collection, commissioned by NHSE and NHSI and run by the NHS Benchmarking Network (NHSBN). The data collection has been designed to fully understand the extent of Trust compliance with the recently published NHSE and NHSI Learning Disability Improvement Standards and identify improvement opportunities. Within LCH, we take part in this data collection and our Learning Disability Lead continues to develop an action plan to assist the organisation to meet these standards which will improve care for those people with a Learning Disability.</p> <p>As part of this we have sent out questionnaires to people with a learning disability. Some of the action plans the trust is working towards are :</p> <ul style="list-style-type: none"> <li>• Consistent flags in electronic patient record for patients who have Learning Disability as a diagnosis</li> <li>• Strategies to highlight the learning from Serious Investigation and Mortality, specific to the patients with Leading disability</li> <li>• Explore strategies to extract waiting list data for this population.</li> </ul>	<p>100% of all cases</p>
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### Local Clinical Audit

The reports of 88 local clinical audits were reviewed by the Trust in 2021/22. Some of the audit actions planned to improve the quality of healthcare provided by the Trust is highlighted below:

- An audit was completed in the Dental Service for controlled drugs, to provide assurance that all requirements of the Controlled Drug Regulations are met, and the service are compliant with LCH Controlled Drug Policy on the management of the controlled drugs within the local service area. The audit identified that the drug was stored and managed as per the Policy. Three key areas



were identified to provide further assurance, recording the supplier's name clearly, updating the front index page and to reorder stocks prior to expiry dates. A re-audit is planned for 2022/23.

- An audit was undertaken by Children's Speech and Language Therapy to evaluate the time between receipt of referral and initial assessment. The audit indicated that 97% of the referrals to the dysphagia service were seen within four weeks of the referral as indicated in the service specification. As per the audit only 45% to 50% of referrals to the Child Development Service and Learning Disability Service were seen within four weeks of referral, however the service felt that this is not accurate and has identified concerns around data recording and analysis. The service identified learning around formulating guidelines for recording these activities and sharing the learning with the team.
- An audit was completed by CAMHS to understand the scope of prescribing and compared this with National benchmarks. The results assured that when prescribing antipsychotic and stimulant medication, there is documented evidence of relevant baseline assessments, and this was reviewed between three to six months, and documented in the record. There are plans to re-audit in April 2022 to enhance appreciation and awareness of monitoring physical health when young people with intellectual disability are prescribed medications.
- Homeless and Health Inclusion Team completed an audit sample of records to review best practice to the standards. The audit highlighted scope of improvement in training all staff in completing the holistic health assessment, updating the assessment template and to review the staff roles within the team. A re-audit was completed in January 2022 to review whether the action plan was embedding. This audit assured 100% completion of holistic assessment for all patients, demonstrated effectiveness of the training and competency of the nurses in the team to effectively assess the wider health needs of the patients and develop a relevant care plan to ensure their health and housing needs are met. The records also demonstrated good liaison with other professionals, utilising a multi-agency approach whilst remaining patient focused.
- The team also audited the safe discharge process, this audit indicated that only 54% of patients were discharged to a safe destination. The majority of the patients who did not have safe discharge plan, had self-discharged from hospital. The service is working with multiagency to ensure that patients have access to safe discharge plan.
- An audit was undertaken in the Community Dental Service to evaluate if the incoming referrals are appropriate and referred with adequate information in March 2022. The audit demonstrated that 26% of the rejected referrals were because of a lack of information and 28% of the rejected referrals were because the referral was deemed inappropriate and did not meet the service criteria. The service has created an action to engage with stakeholders and to review the referral form to improve the referral process.
- An audit of the waiting times for neurodevelopmental assessment in CAMHS was completed in November 2021. The audit highlighted that despite difficulties with reduced staff capacity, the team has managed to complete a total of 110 diagnostic

assessments in 6 months, was able to meet the service target completion of assessment (12 weeks) in 13% of cases and the average time taken to complete an assessment was 23.9 weeks. The analysis showed that there is a gap from date of diagnosis, to feedback which can prolong the time of assessment to many weeks. On discussion, the service noted that some of these assessments were disrupted by the COVID-19 pandemic or difficulties in collecting information and/or in bringing the patients to a base for assessment due to sensory difficulties (for example, attending different environments, seeing different people, etc). The service has created an action plan to improve the process of assessment stages.

- A new template was used for the record keeping audit in 2020/21 which did not allow a direct comparison to be made against 2019/20. There were 710 records audited from 13 Neighbourhood Teams. Standards for general information, patient assessment, triage, pressure ulcer management and medications, scored at the expected national level. End of life care, patient experience and safeguarding documentation standards, scored as excellent. Falls documentation scored at 69% which is below the expected national and local standard. A deep dive noted that the existing falls template on the SystmOne patient record did not prompt a risk management plan for patients identified as to be at risk from falls or to manage symptoms for example of postural hypotension which could increase the risk for patient falls. There has been a review of SystmOne templates, and a new falls risk management template has been initiated to be completed when any patient on LCH caseload suffers a fall. There is a further audit relating to the impact and effectiveness of this template planned in six months.
- The Infection Prevention and Control Team undertake a range of local audits. These include: environmental audits, Essential Steps to Safe, Clean Care audits, and audits that have been developed in light of the COVID-19 pandemic. These audits aim to reduce the risk of microbial contamination in everyday practice and to ensure our environment is managed in a way that minimises the risk of infections to patients, staff and visitors.

It should be noted that due to capacity and demand difficulties across the services, the Trust paused low risk audits in November 2021. All high-risk audits and low risk audits where resources allowed were completed in 2021/22.

Local Clinical Audits completed during 2021/22 - by Business Unit	
<b>Adult Services</b>	
<ul style="list-style-type: none"> <li>• Quality Challenge+</li> <li>• Environment Audit</li> <li>• Infection control audits relating to the use of PPE</li> </ul>	<ul style="list-style-type: none"> <li>• Record Keeping Audit</li> <li>• Hand Hygiene Audits</li> </ul>
<b>Children's Services</b>	
<ul style="list-style-type: none"> <li>• Record Keeping Audit</li> <li>• Quality Challenge+</li> <li>• Environmental Audit</li> <li>• NICE guidance for prescribing in CAMHS for patients with Learning Disabilities</li> <li>• Responsiveness of service in Children's Speech and Language Therapy</li> <li>• Audiology Results Scanning Audit</li> </ul>	<ul style="list-style-type: none"> <li>• Mattress audit in Hannah House</li> <li>• Infection control and prevention audit at Hannah House</li> <li>• Audit of prescribing practice in CAMHS Intellectual Disability Service</li> <li>• Audiology clinical calibration audit</li> <li>• Audit of time taken to complete neurodevelopmental assessments</li> </ul>
<b>Specialist Services</b>	

- Record Keeping Audit
- Quality Challenge+
- Environment Audit
- IPC Environmental Audit
- Audit of Hep B vaccination in Leeds Sexual Health
- Documentation of HIV partner notification outcomes
- Annual gonorrhoea and chlamydia partner notification audit
- Safeguarding Audit in Liaison and Diversion
- Patient Group Directive audit in Musculoskeletal Service
- PPE and Hand Hygiene audit
- Radiology audit of non-medical requests clinical imaging log
- Outcomes of patient discussed at MDT
- MRI referrals in Musculoskeletal service
- Follow up of patients who have positive quantiferon blood test
- RESS-Q reducing errors in sexual health samples – A quality improvement project
- Stroke team low priority patient's pathway
- Snapshot audit of patient's preferences for consultation in Musculoskeletal service
- Latent TB screening for women who are sex working
- Care planning audit
- Audit of IUC fittings and removals in sexual health
- Discharge planning
- Audit of GP LARC access
- Quality of dental referrals
- Antipsychotic monitoring audit in Young Offenders Institute
- Antimicrobial prescribing audit in Young Offenders Institute
- Sharps audit in Podiatry

Corporate Services

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| <ul style="list-style-type: none"> <li>• Controlled drug audit in Dental</li> <li>• Serious incidents actions</li> <li>• Learning disabilities mortality review programme (LeDeR)</li> </ul> | <ul style="list-style-type: none"> <li>• Health needs assessment (monthly quality audit)</li> <li>• Audit of safeguarding referrals copied to LCH safeguarding team</li> <li>• Quality of mental capacity assessments within electronic patient record.</li> </ul> |
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## Clinical Research

Clinical Research generates new knowledge and improved understanding of new and existing medical problems, treatments and interventions enabling effective diagnosis, treatment and outcomes. Services that are engaged in research are known to have better patient outcomes and LCH is committed to ensuring that research is embedded at the heart of patient care across the Leeds system as it adapts and responds to the changing needs of people living in Leeds post pandemic.

LCH is a contractual partner of the National Institute for Health and Care Research, Clinical Research Network, Yorkshire and Humber (NIHR CRN Y & H) who commission our core Research and Development function to assess, set up, manage and deliver the highest quality research studies available in the UK, these are referred to as 'portfolio studies'. We also provide assessment and approval for studies that are non-portfolio to assure that they have received ethical approval where required and provide ongoing monitoring to ensure that they are delivered to a high standard.

During 2021/22 limitations to front line ability to deliver research due to COVID-19 meant that recruitment opportunities were difficult to provide in the community, however we were still able to open 21 studies during this time. The number of patients and staff receiving NHS services provided or sub-contracted by the Trust in 2021/22 participating in research approved by a research ethics committee was 317, and an additional 93 participants were recruited to studies that were exempt from ethics approval.

LCH has sponsored and successfully achieved portfolio status for a study delivered by one of our Advanced Physiotherapists. The study is exploring the confidence and research skills of the NHS Allied Health Professional workforce, the results of which will provide crucial direction for future development and planning. The study has been adopted across the UK and has recruited 3,344 participants from over 250 organisations.

In addition to our direct recruitment activities, the core Research and Development team has provided 429 hours of support to LTHT in the delivery of COVID-19 vaccine trials.

LCH continues to develop its strategic priorities and the LCH COVID-19 rehabilitation service has been at the forefront of service evaluation and study development around Long COVID. The Leeds led cross-organisational team were successful in a £3.4 million research project grant application for a multi-centre Long-COVID study called LOCOMOTION (Long COVID Multidisciplinary Consortium: Optimising Treatments and Services across the NHS), which is now underway at the Trust and aims to create a “gold standard” approach for the treatment of Long COVID.

A physiotherapist from our MSK Service has been successful in their application for funding from the NIHR Pre-doctoral fellowship programme. The funding will support work exploring patient experience of Greater Trochanteric Pain Syndrome (GTPS) rehabilitation and a survey of clinicians’ perspectives of managing GTPS during COVID-19.

With our strength and position as champion and leader for community services, LCH has been best placed to develop and evaluate a community research model in alignment with NHSE plans for moving patient care out of acute settings and into the community. Our proposal for this work was successful in gaining funding from the NIHR CRN Y & H and has successfully developed an integrated model for the governance and management of research. The CRN are considering funding a continuance of this work which proposes to develop community research capacity further by enabling innovative ways of working such as self-screening and referral, and remote recruitment and consultation.

The project enabled two GP practices to participate in the BASIL+ (Behavioural Activation in Social IsoLation) study, which aims to prevent or mitigate depression and loneliness among older adults with multiple health conditions, during the COVID-19 pandemic, and 9 practices to participate in the ALABAMA (Allergy AntiBiotics And Microbial resistance) study, which is evaluating whether the penicillin allergy assessment pathway intervention is effective in improving patient health outcomes. A total of 86 participants were recruited through these trials in Leeds GP practices that operated under the new model compared with 12 patients recruited under the previous model, evidencing our achievement and the need to continue our work in integration.

As a proud and committed champion for the diverse healthcare needs of all Leeds communities, LCH is dedicated to ensuring that research systems continue to develop alongside NHSE plans for integration and collaboration and continue to work hard in 2022/23 to deliver high quality research options relevant for all communities in Leeds.

## CQC Statements

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status is full registration without conditions.

In October 2019, the CQC published the final report on its announced inspection of the Trust which took place in May-June 2019. The CQC visited a selected number of services including Sexual Health, Community Child, Adolescent Mental Health Service (CAMHS), Inpatient CAMHS, community dental and community services for children, young people and families. The CQC also completed a Trust-wide level inspection under the well-led framework.

Overall, the Trust was rated **GOOD** in all five domains (safe, effective, caring, responsive and well-led). The CQC found improvements in services since the last visit and they concluded:

**Sexual Health services** were rated outstanding overall. The service was rated good for safe and caring, and outstanding for effective, responsive, and well led. This was an improvement on the last inspection.

**Children and young people's services** were rated good for safe, effective, caring, responsive and well led. This was an improvement on the last inspection.

**Community CAMHS** was rated good for effective and caring, requires improvement for safe, responsive and well led.

**Dental services** were rated good for safe, effective, caring, responsive and well led. This remained the same as the last inspection.

The CQC found 23 breaches of legal requirements which relate to actions the Trust must do. There were 14 minor breaches of regulation which are not breaches in the legal requirement but actions the Trust should take.

The Trust has developed robust action plans to address the findings and these are monitored through the governance structure.

The Trust is proud of the achievements and improvements made since the last CQC inspection in 2019 and acknowledge the recommendations made by CQC to continue to improve our services for patients, carers and the public.

**Wetherby Young Offenders Institute** was inspected in December 2021, the CQC element of the HM Chief Inspector of Prisons Report found no regulatory breaches and said 'The inspection of health services was jointly undertaken by the Care Quality

Commission (CQC) and HM Inspectorate of Prisons under a memorandum of understanding agreement between the agencies. The CQC found there were no breaches of the relevant regulations’.

### **Secondary Uses and Hospital Episode Data**

The Trust submitted records during 2021/22 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data: that included the patients valid NHS Number was 99.87% for outpatient care that included the patient’s valid General Medical Practice Code was 99.17%.

The above confirms data available for 1 April 2021 to 31 January 2022.

The Trust did not submit any ‘admitted care’ data into SUS during 2021/22 due to CRU ward closure (COVID-19).

### **Data Accuracy**

Data security, data ownership and transparency are of paramount importance to the Trust, supporting both clinical and organisational management needs and is fully committed to ensuring that personal data is protected, and any confidential data is used appropriately.

The Trust complies with the relevant Information Legislation(s) and national codes of practice actively supports the transparency of information. The Trust complies with the General Data Protection Regulation (GDPR) by engaging with a Data Protection Officer (DPO). The DPO duties include promoting the accountability principle within the Regulation, which empowers the organisation to be compliant with the Data Protection Act 2018. Ensuring there is a subject matter expert provision for internal and external stakeholders to achieve compliance with privacy and information security in relation to the organisation activities. Protecting information, its integrity and availability throughout the lifecycle of the information and also supporting the move to integrated care modelling.

The Senior Information Risk Owner (SIRO) ensures that there is effective information governance in place. The SIRO Chairs the Information Governance Group which reports quarterly to the Audit Committee and in turn to the Board. The Caldicott Guardian is the Deputy Chair of the Information Governance Group, who works closely with the SIRO and the DPO, particularly where there are any identified information risks relating to patient data.



The Trust ensures effective information governance through a number of mechanisms, including education, policies and procedures, IT / information security controls, IT vulnerability testing, and by demonstrating annual compliance with the Data Security Standards of the Data Security and Protection Toolkit (DSPT).

The Trust demonstrates compliance with the 10 Data Security Standards, an outcome from the National Data Guardians – Review of data security, consent and opt outs report, via a self-assessment within the Data Security & Protection Toolkit (DSPT). During the 2020-2021 reporting year an extension was granted to the 30 September 2020 for Trust to comply with all 10 Data Security Standards due to supporting the COVID-19 pandemic response, compliance has been achieved by the extended deadline date.

In recognition of the importance of data security, there is a nationally set target of 95% of staff compliance with information governance training, this has been achieved. Training compliance is closely monitored and enforced where necessary.

## Information Governance

The Data Protection Act (DPA) 2018 and it's embedded UK General Data Protection Regulations (GDPR) guide the Trust in ensuring a robust data protection and cyber security framework is in place to educate the workforce and mitigate threats to the organisation in cyber space. Within the NHS this is known technically as Information Governance (IG).

The DPA 2018 solidifies [individual's eight rights](#) who are referred to as 'data subjects' within the law and increases organisations responsibility to ensure constant maintaining of the [Confidentiality, Integrity and Availability \(CIA\) triad](#) across it's asset's and data processing.

The CIA essentially ensures the systems such as SystmOne or artefacts such as the Network Drives the organisation uses to process data is kept confidential, of primarily good quality and unauthorised alteration and is always available for it to undertake its business. If any one of these elements are interrupted these are technically known as a breach; Breach of Confidentiality, Integrity or Availability.

Towards the end of this period a new **Information Governance Management Framework (IGMF)** and **Information Security Management Framework (ISMF)** utilising existing/new/revised Policies had started to be developed to cover both the expanding and increasingly complex areas of both **Information Governance** and **Information Security**, which in practical terms transpose into what is known as Data Protection and Cyber Security. These frameworks will underpin a modern, flexible, and creative approach to improving these functions throughout 2022/23. Cyber Security and the ever-increasing threats to the organisation that

will require careful mitigation to the best defences we can maintain to protect ourselves and improve the organisations preparedness if such an incident occurs to restore the CIA triad as soon as possible to continue the business function.

In summary the work undertaken:

### **Data Protection**

- Data Protection Officer (DPO) is employed to support the monitoring of data protection compliance and breaches
- Incidents calculated as externally reportable must be reported to the Information Commissioner's Office (ICO), through the NHS Digital's Data Security and Protection Toolkit (DS&PT)
- Where there has been a personal data related incident that would likely result in a high risk to the rights and freedoms of the person affected have been communicated with
- There were 570 Data Requests that have been processed this period, for example Subject Access Requests and Freedom of Information Requests.
- **There were two incidents reported to the ICO during this period, all incidents relating to potential breaches are reported, investigated and where appropriate remedial actions implemented. In summary the first breach occurred via confidential information being shared through an email to a third party incorrectly and lessons learnt have been logged within the trust and no further action from the ICO. The second incident was in relation to a letter being sent to a parent of a child incorrectly which was part of a Safeguarding Enquiry that could potentially have caused harm. At the time of writing this report the incident was awaiting an ICO response.**

### **Cyber Security**

**Key focuses this year have included:**

- An Information Security Officer is employed to support the monitoring of threats, compliance, and breaches
- Development and support of the new ISMF and culture of Cyber Awareness through practical exercises and campaigns
- Increasing strict adherence to the completion of the compulsory Data Security and Awareness e-Learning
- Commitment to begin the process of attaining Cyber Essentials+, a recognised certification recommended by the [National Cyber Security Centre \(NCSC\)](#) to guard against the most common cyber threats and demonstrate the organisations commitment to Cyber Security

- No cyber security CIA breaches was reported during this period.

## CQUIN

A proportion of the Trust income is based on achieving quality improvement and innovation goals agreed between LCH and any person or body they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework.

All CQUIN were stood down for 2021/2022 as per national guidance. Services were allowed to continue delivering them should they choose to, and our Liaison and Diversion Service did continue on a voluntary basis.

### Core Indicators

KPI table to be added but data for the year end. Adam Glass/Performance to share verified data.

## Part Eight - What Other People Think of Our Quality Account



### Healthwatch

Thank you for this opportunity to comment on your Quality Account, which we found to be comprehensive and informative.

The report clearly demonstrates the great work that has been undertaken in response to the Covid Pandemic and the comments from members of the public in relation to the Long Covid Rehabilitation Pathway highlights how useful this service has been.

We were particularly pleased to see the levels of public/service user engagement and that the report gives examples of where this has happened and where learning from this feedback has led to changes to services within the Trust (some good examples of this

are on page 12). As a Healthwatch we have worked closely with the LCH Engagement/Patient Experience team as part of the citywide Peoples Voices Partnership and the Inclusion for All Hub.

LCH have also been actively involved in the citywide work to listen and act on the feedback from people through the Big Leeds Chat, How Does it Feel for me? Work (gathering peoples experiences of joined up care in Leeds, and the Digital Inclusion Peoples Voices Group, so it is pleasing to see the work carried out around Equality/Accessibility and the continued work proposed in Priority 5.

As with last year's report, there is still quite an emphasis upon virtual and online resources. There is some feedback from people that have struggled with digital as well as some information in Priority 1 about Digital Engagement and Exclusion. It would be good to see how the Trust are measuring the effectiveness of digital services and how their service users feel about this.

With regards to Complaints, Concerns and Compliments. We mentioned in last years report that it's not really clear on how you differentiate between Concerns and Complaints in your terminology, it would be helpful in the Quality Account to describe the difference. **Added.**

There are a lot of positives to take from this report, such as the views of families being included in work such as the discussion regarding the terminology or Learning Disability versus Intellectual Disability and all the great work around your staff's health and well-being.

Overall, we think this is a good Quality Account and we look forward to continuing working in partnership with Leeds Community Healthcare over the next year.

### **Clinical Commissioning Group**

The CCG is pleased to review the draft LCH Quality Account 2021/22, acknowledging that this is not a finalised version and that additional information may need to be added prior to submission.

Overall, this is a comprehensive account that demonstrates a strong focus on the communities it serves. It describes what the services did well over the last year and how intelligence from patients/ service users remained at the forefront of improvement work across the vast array of services the Trust provides. The CCG very much supported the quality priorities in 2020/21 as we started to emerge from the pandemic, to; build back stronger, focus on prevention and self-care and reduce health inequalities whilst at the

same time, supporting the system response to the pandemic and emphasising the health and wellbeing of the workforce. We recognise the enormity of this challenge and wholeheartedly thank LCH for relentlessly working towards these priorities in circumstances that continued to challenge the local health and care system throughout. The CCG acknowledges that these priorities contributed towards the Leeds Health and Care Plan (2020/21) for better integrated partnerships to improve health and wellbeing for all ages and for all people in Leeds to;

- protect vulnerable people and reduce inequalities
- improve quality and reduce inconsistency
- build a sustainable health and care system with the resources that we have.

And supports the work to address inequity and inequalities articulated in the CCG's Health Inequalities Framework for Action.

Whilst the account does not highlight any key areas the Trust feels that needs to be improved, there are many examples of proactive leadership that changed systems and processes on the back of listening to people's experiences. This helps to demonstrate a culture of learning and continuous improvement. The additional quality improvement work referenced also serves to demonstrate responsiveness to the needs of the local population in any given context e.g. developing virtual frailty wards.

It is felt that Information presented around compliments, complaints, and concerns could be enhanced by the use of graphs and/or percentages and highlighting the differences between complaints and concerns; this may help the reader's understanding of performance and how improvement work has influenced this. However, it is encouraging to note that learning from all this feedback is shared with relevant teams and across the organisation.

The High-level priorities for 2022/23 are well stated. It is not described how patients and system partners were engaged in helping to shape these, however key themes do align with system integration priorities in terms of using resources wisely and focus on waiting list backlogs through continuous improvement, which remains a system wide issue. **Added.**

We thank you for sharing the draft copy of the Quality Account 2021/22. We look forward to working with the Trust over the coming months as we continue the journey of recovery post pandemic and transition into the new world of integrated care systems.

Angela Edmunds

Head of Quality Improvement and Patient Safety

Leeds CCG

25/04/22

## **Appendix One - Statement of Directors' responsibilities in respect of the Quality Account**

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

In preparing the Quality Account, directors are required to take steps to satisfy themselves that:

The content of the Quality Account meets the requirements set out in the Regulations and supporting guidance.

The content of the Quality Account is not inconsistent with internal and external sources of information including:

- board minutes and papers for the period April 2021 to May 2022
- papers relating to quality reported to the Board over the period April 2021 to May 2022
- feedback from Leeds Clinical Commissioning Group on 25 April 2022 and Healthwatch Leeds received on 6 May 2022.
- the Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints (England) Regulations 2009
- the external auditors opinion of the Trust's control environment, from the internal audit report dated October 2021
- CQC inspection report dated 28/10/2019.
- the Quality Account presents a balanced picture of the Trust's performance over the period covered.
- the performance information reported in the Quality Report is reliable and accurate.
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice.

- the data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions is subject to appropriate scrutiny and review.
- the Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the Board

Signed..... Date

Signed.....Date

## **Acknowledgements**

We would like to sincerely thank everyone who made a contribution to the content and publication of our 2020/21 Quality Account. This includes, but is not limited to, patients, carers and representative groups, many of our staff, the Senior Management Team and the Board of Directors.

This Quality Account provides an insight into how we are working to realise our vision, values and strategic objectives, and our Quality Strategy. Quality is at the heart of everything we do; we hope we have demonstrated within this document how quality is created, embedded, developed and improved within LCH through sharing examples of initiatives underway to help us achieve these aims.

In line with other NHS organisations, we produce an Annual Report and Accounts to outline our financial and other key performance measures. These can be found on our website at **[www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)**

## How to Comment

If you would like to comment on this document contact us:

By email to [lch.pet@nhs.net](mailto:lch.pet@nhs.net)

Please ensure you include 'Quality Account 2020/21 feedback' as the subject of your email.

In writing to:

The Head of Clinical Governance

Quality Account 2021/22 Feedback

Clinical Governance Team

Leeds Community Healthcare NHS Trust

1st Floor, Stockdale House

Headingley Office Park

Victoria Road

Headingley

Leeds LS6 1PF



## Glossary

**Always Events®** – Always Events® are defined as “those aspects of the patient and family experience that should always occur when patients interact with healthcare professionals and the health care delivery system.” Always Events® is a co-production quality improvement methodology which seeks to understand what really matters to patients, people who use services, their families and carers and then co-design changes to improve experience of care. Genuine partnerships between patients, service users, care providers, and clinicians are the foundation for co-designing and implementing reliable solutions that transform care experiences with the goal being an ‘Always Experience.’

**Audit** – a review or examination and verification of accounts and records (including clinical records).

**Children and Adolescent Mental Health Services (CAMHS)** – a service specifically designed to look at the needs of children with mental health problems.

**Care Quality Commission (CQC)** – Health and Social Care regulator for England.

**Clinical Audit** – a review or examination and verification of accounts and records (including clinical records).

**Clinical coding** – an electronic coded format that describes the condition and treatment given to a patient.

**Commissioners** – organisations that agree how money should be spent on health within a community. This could be for example Clinical Commissioning Groups (CCGs – Groups of GPs) or NHS England (the central government organisation).

**CQUIN (Commissioning for Quality and Innovation)** – a financial incentive encouraging Trusts to improve the quality of care provided.

**Datix** – an electronic risk management system (database) used to record incidents, complaints and risks for example.

**Friends and Family Test (FFT)** – a measure of satisfaction usually via a survey or text message, which asks if staff / patients would recommend the service they received to their friends or family.

**ICAN** – Integrated Services for Children with Additional Needs.

**ICE** patie

**Information governance** – the rules and guidance that organisations follow to ensure accurate record keeping and secure information storage.

**Innovation and Research Council** – this is an independent body which brings together the seven Research Councils, Innovate UK and Research England.

**Inquest** – a judicial inquiry to ascertain the facts relating to an incident.

**Leeds Safeguarding Children's Board (LSCB)** – a statutory body (independently chaired) consisting of senior representatives of all the principal agencies and organisations working together to safeguard and promote the welfare of children and young people in the City.

**Medicines management** – processes and guidelines which ensure that medicines are managed and used appropriately and safely.

**Methodology** – a system of methods used in a particular area of study or activity.

**NHS England (NHSE)** – the central organisation that leads the NHS in England and sets the priorities and direction of the NHS.

**NHS Digital** – is the national information and technology partner to the health and social care system. Looking at how digital technology can transform the NHS and social care.

**NCEPOD** – reviews clinical practice and identifies potentially remediable factors.

**National Institute for Health and Care Excellence (NICE)** an organisation that provides national guidance and advice to improve health and social care with the aim of improving outcomes for people using the NHS and other public health and social care services.

**National NHS staff survey** a survey that gathers the views of staff working in the NHS to give an overall indication of their experience of working for the NHS.

**National Reporting and Learning System (NRLS)** a central database of patient safety incident reports.

**OFSTED** is the Office for Standards in Education, Children's Services and Skills, who inspect services providing education and skills for learners of all ages and also inspect and regulate services that care for children and young people.

**Outcome Measures** – a measure (using various tools) of the impact of the intervention from a clinician's perspective or a measure of progress

related to a specific condition or issue.

**Patient Experience Team** – a service that provides a listening, enquiry and signposting service to ensure that patients, carers and public have their questions and concerns resolved as quickly as possible.

**Patient experience** – feedback from patients on 'what happened and how they felt' in the course of receiving their care or treatment.

**Patient engagement** – methods for patients to take part in service improvement and service reviews.

**Patient satisfaction** – a measurement of how satisfied a person felt about their care or treatment.

**Payment by results** – the system applied to some services whereby NHS providers are paid in accordance with the work they complete.

**Pressure ulcer** – damage caused to the skin and the tissue below when it is placed under enough pressure to stop the blood flowing.

**Public Health England** – an organisation that works to protect and improve national health and wellbeing, and reduce health inequalities.

**Risk Assessment** – a process to identify risks and analyse what could happen as a result of them.

**Root Cause Analysis (RCA)** – a method of investigating and analysing a problem that has occurred to establish the root cause.

**Safety Huddle** – a mechanism of route discussions held within teams and across multi-professionals to discuss current patients to help reduce harm and risk and improve patient safety.

**Serious Incident (SI)** – these are events in health care where the potential for learning is so great, or the consequences to patients, families and carers, staff or organisations are so significant, that they warrant using additional resources to mount a comprehensive response.

**Strategy** – the overall plan an organisation has to achieve its goals over a period of time.

**SUDIC** – a review of progress of unexpected child death.

**Trust Board** – the team of executives and nonexecutives that are responsible for the day to day running of an organisation.

**WRES** – Workforce Race Equality Standard.

**WDES** – Workforce Disability Equality Standard.

**Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (15b)**

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**Title:**  
**Quality Account 2021/2022 – core indicators.**

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**Category of paper: approval**  
**History: NA**

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**Responsible director: Director of Nursing and Allied Health Professionals**  
**Report author: Head of Clinical Governance**

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## **Executive Summary**

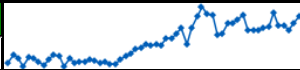

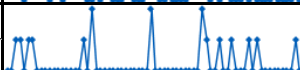

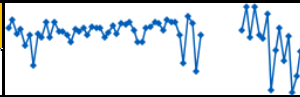
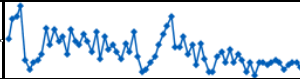

The Quality Account is an annual report detailing the quality of services offered by an NHS healthcare provider. The reports are published annually and are available to the public.

The Core Indicators were pending inclusion when the Account was submitted on 16<sup>th</sup> May 2022, they are now available and attached as a separate paper for Board's sight and will be added to the Account.

## **Recommendations**

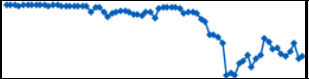




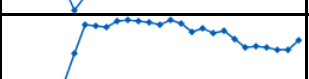
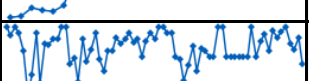
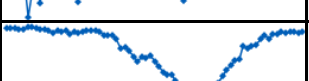
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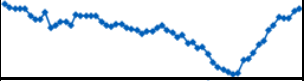

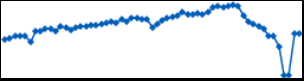
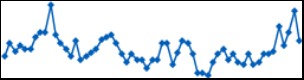
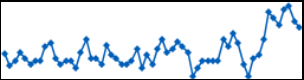



Review the Core Indicators for inclusion in the 2021/22 Quality Account and provide any feedback as required.

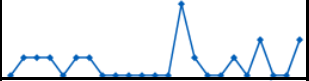

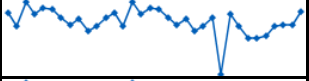




Safe - people are protected from abuse and avoidable harm	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
Patient Safety Incidents Reported in Month Reported as Harmful	SL	1.42 to 2.09	2021/22	1.74	1.96	1.83	1.98		Apr-17
			2020/21	2.12	1.97	1.83	1.95		
Serious Incident Rate	SL	0 to 0.1	2021/22	0.01	0.00	0.00	0.00		Apr-17
			2020/21	0.05	0.06	0.05	0.04		
Validated number of Patients with Avoidable Category 3 Pressure Ulcers	SL	0.67	2021/22	0	1	1	0.00		Apr-16
			2020/21	3	5	1	2		
Validated number of Patients with Avoidable Category 4 Pressure Ulcers	SL	0	2021/22	0	0	1	0.00		Apr-16
			2020/21	1	1	0	2		
Validated number of Patients with Avoidable Unstageable Pressure Ulcers	SL	0.83	2021/22	4	1	2	2.00		Apr-20
			2020/21	4	4	3	3		
Number of teams who have completed Medicines Code Assurance Check 1st April 2019 versus total number of expected returns	RB	No Target	2021/22	63%	73%	83%	98%		
Caring - staff involve and treat people with compassion, kindness, dignity and respect	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
Percentage of Respondents Reporting a "Very Good" or "Good" Experience in Community Care (FFT)	SL	>=95%	2021/22	95.7%	92.1%	91.3%	91.8%		Apr-16
			2020/21	-	-	95.7%	97.1%		
Total Number of Formal Complaints Received	SL	No Target	2021/22	23	25	20	24		Apr-16
			2020/21	19	35	29	14		
Number of Compliments Received	SL	No Target	2021/22	237	180	216	218		Apr-19
			2020/21	148	244	261	249		

Effective - people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
Number of NICE guidelines with full compliance versus number of guidelines published in 2019/20 applicable to LCH	RB	100%*	2021/22		81%	81%	93%		
			2020/21	85%	87%	87%	87%		
Number of NICE guidelines with full compliance versus number of guidelines published in 2020/21 applicable to LCH	RB	No Target	2021/22		90%	96%	96%		
			2020/21	54%	56%	56%	57%		
Number of Unexpected Deaths in Bed Bases	RB	No Target	2021/22	0	0	1	2		
			2020/21	1	0	2	1		
Number of Sudden Unexpected Deaths in Infants and Children on the LCH Caseload	RB	No Target	2021/22	0	1	2	2		
			2021	1	1	1	2		
NCAPOP audits: number started year to date versus number applicable to LCH	RB	100%*	2021/22	100%	100%				
			2020/21	0%	0%	33%	33%		
Priority 2 audits: number completed year to date versus number expected to be completed in 2021/22	RB	100%*	2021/22	100%	100%				
			2020/21	7%	19%	21%	31%		
Total number of audits completed in quarter	RB	No Target	2021/22	100%	100%				
			2020/21	4%	9%	36%	33%		
Percentage of patients recruited into NIHR portfolio studies (CRN Target 700)	RB	100%*	2021/22	2%	33%	45%	64%		
			2020/21	-					



Responsive - services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
Percentage of patients currently waiting under 18 weeks (Consultant-Led)	SP	>=92%	2021/22	87.3%	83.6%	87.2%	84.0%		Apr-16
			2020/21	88.7%	76.5%	80.6%	82.1%		
Number of patients waiting more than 52 Weeks (Consultant-Led)	SP	0	2021/22	0	0	0	2		Apr-16
			2020/21	0	0	0	2		
Percentage of patients waiting less than 6 weeks for a diagnostic test (DM01)	SP	>=99%	2021/22	43.7%	38.8%	44.7%	39.0%		Apr-16
			2020/21	24.1%	19.4%	33.4%	34.1%		
% Patients waiting under 18 weeks (non reportable)	SP	>=95%	2021/22	76.1%	85.4%	85.3%	88.4%		Apr-16
			2020/21	69.2%	71.9%	71.7%	74.7%		
LMWS – Access Target; Local Measure (including PCMH)	SP	24456	2021/22	7610	7473	7380	6505		Nov-19
			2020/21						
IAPT - Percentage of people receiving first screening appointment within 2 weeks of referral	SP	No Target	2021/22	73.8%	66.3%	57.7%	64.0%		Nov-19
			2020/21						
IAPT - Percentage of people referred should begin treatment within 18 weeks of referral	SP	>=95%	2021/22	99.5%	99.8%	99.6%	99.4%		Apr-16
			2020/21	99.3%	99.3%	99.1%	99.4%		
IAPT - Percentage of people referred should begin treatment within 6 weeks of referral	SP	>=75%	2021/22	89.6%	93.6%	95.3%	95.1%		Apr-16
			2020/21	37.9%	58.1%	73.2%	81.1%		

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
Staff Turnover	LS/JA	<=14.5%	2021/22	11.7%	13.5%	14.2%	13.9%		Apr-17
			2020/21	11.4%	10.0%	9.1%	10.2%		
Reduce the number of staff leaving the organisation within 12 months	LS/JA	<=20.0%	2021/22	18.8%	19.9%	21.9%	20.1%		Apr-17
			2020/21	21.6%	24.9%	15.1%	13.0%		
Stability Index	LS/JA	>=85%	2021/22	85.8%	83.8%	75.5%	85.1%		Apr-17
			2020/21	88.6%	89.9%	90.2%	88.2%		
Short term sickness absence rate (%)	LS/JA	<=2.2%	2021/22	1.4%	1.8%	2.5%	2.8%		Apr-17
			2020/21	1.0%	1.4%	1.5%	1.3%		
Long term sickness absence rate (%)	LS/JA	<=3.6%	2021/22	3.7%	4.9%	5.3%	4.6%		Apr-17
			2020/21	3.9%	3.4%	3.8%	4.0%		
Total sickness absence rate (Monthly) (%)	LS/JA	<=5.8%	2021/22	5.1%	6.7%	7.8%	7.4%		Apr-16
			2020/21	4.3%	4.9%	5.5%	4.7%		
AfC Staff Appraisal Rate	LS/JA	>=90%	2021/22	72.9%	70.6%	74.8%	78.5%		Apr-16
			2020/21	81.8%	83.6%	79.6%	75.4%		
Statutory and Mandatory Training Compliance	LS/JA	>=90%	2021/22	89.2%	88.6%	87.2%	88.0%		Apr-21
			2020/21	-	-	-	-		

Well Led - leadership, management and governance of the organisation assures the delivery of high-quality person-centred care, supports learning and innovation, and promotes an open and fair culture	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4	Time Series	Series Data From
'RIDDOR' incidents reported to Health and Safety Executive	BM	No Target	2021/22	5	1	2	2		Apr-16
			2020/21	2	2	1	0		
WRES indicator 1 - Percentage of BME staff in Bands 8-9, VSM	LS/JA	No Target	2021/22	5.5%	6.3%	8.4%	7.6%		Aug-18
			2020/21	10.9%	10.7%	11.1%	11.1%		
Total agency cap (£k)	BM	No Target	2021/22	690	705	938	1303		Apr-19
			2020/21	2546	550	557	689		
Percentage Spend on Temporary Staff	BM	No Target	2021/22	4.8%	4.5%	5.2%	6.6%		Apr-19
			2020/21	5.0%	3.9%	4.0%	4.4%		
Finance	Responsible Director	Target	Financial Year	Q1	Q2	Q3	Q4		Series Data From
Net surplus (-)/Deficit (+) (£m) - YTD	BM	0.0	2021/22	-2.0	0.0	-0.4	-0.5		Apr-19
Capital expenditure in comparison to plan (£k)	BM	3700	2021/22	228	75	399	2485		Apr-19
CIP delivery (£k)	BM	1065	2021/22	132	133	400	400		Apr-19



**Board Meeting: 27 May 2022**

**Agenda item number: 2022-23 (16a)**

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**Title: Audit Committee Annual Report 2021-22**

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**Category of paper: For approval**

**History: N/A**

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**Responsible director: Executive Director of Finance and Resources**

**Report author: Company Secretary**

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## **Executive summary**

The purpose of this report is to fulfil the annual review of the Trust's governance processes. As such a revised draft of the Audit Committee's annual report 2021/22 is attached for approval.

The terms of reference for each committee require that the committee's chair submits an annual report which demonstrates how the committee has fulfilled its duties as delegated to it by the Board and as set out in the terms of reference and committee's work plan. This is described in the Audit Committee's draft annual report for 2021-22.

The report provides an overview of the workings of the Committee and demonstrates that the Committee has complied with the respective terms of reference by describing:

- Duties of the Committee
- Membership and attendance
- Review of Committee's activities
- Review of effectiveness
- Areas for future development

In December 2021 all members of the Committee were asked to complete a self-assessment questionnaire. A range of questions was asked, and the responses are included in this report.

The Audit Committee agreed the content of its annual report on 22 April 2022.

## **Recommendations**

The Board is asked to:

- Approve the Audit Committee's annual report

## Audit Committee: Annual Report 2021-22

### 1.0 Purpose of the report

- 1.1 The purpose of the report is to provide a summary of the Audit Committee's activities during 2021-22.
- 1.2 The terms of reference for the Committee require that the Committee's Chair submits an annual report which demonstrates how the Committee has fulfilled its duties as delegated to it by the Trust's Board and as set out in the terms of reference and the Committee's work plan.
- 1.3 The sections below describe:
  - Duties of the Committee
  - Membership and attendance
  - Review of Committee's activities
  - Review of effectiveness
  - Areas for future development

### 2.0 Background: Duties of the Committee

- 2.1 The Audit Committee is one of five committees established as sub-committees of the Trust's Board and operates under Board approved terms of reference.
- 2.2 The Committee is well established and has been conducting a portfolio of business on behalf of the Board since the establishment of the Trust.
- 2.3 The Committee provides an overarching governance role and ensures that the work of other committees provides effective and relevant assurance to the Board and the Audit Committee's own scope of work.
- 2.4 The duties of the Committee can be categorised as follows:
  - **Governance, risk management and internal control:** reviewing the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.
  - **Internal audit:** ensuring that there is an effective internal audit function that meets mandatory NHS internal audit standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board.
  - **Counter fraud and security management:** ensuring satisfactory arrangements in place for countering fraud, managing security and shall review the annual plan and outcomes of work.
  - **Data security and information governance:** ensuring the Trust has robust information governance processes and that it complies with National Data Security Standards.
  - **External audit:** reviewing the work and findings of the appointed external auditor and considering the implications of and management's responses to their work.

- **Financial reporting and annual accounts review:** including: monitoring the integrity of the financial statements of the Trust and any formal announcements relating to the Trust's financial performance; ensuring that systems for financial reporting to the Board are subject to review as to completeness and accuracy of the information provided to the Board; reviewing the annual statutory accounts before they are presented to the Board of Directors to determine their completeness, objectivity, integrity and accuracy and reviewing all accounting and reporting systems for reporting to the Board.
- **Standing orders, standing financial instructions and standards of business conduct:** reviewing the operation of and proposed changes to the standing orders, standing financial instructions and standards of business conduct, the constitution, codes of conduct and scheme of delegation.

2.5 The Information Governance (IG) Group is a subgroup of the Audit Committee. The Group meets every two months and discharges a range of duties as delegated by the Audit Committee and recorded in a Committee approved set of terms of reference. The IG Group is responsible for ensuring that the Trust has effective policies and management arrangements covering all aspects of information governance in line with the Trust's Information Governance Management Framework Policy. Approved minutes from the Group are received by the Audit Committee.

### 3.0 Membership and attendance

3.1 The terms of reference for the Audit Committee set out the Committee's membership, which is as follows:

- Three non-executive directors, including one non-executive director with significant, recent and relevant financial experience and who serves as the chair of the committee
  - Khalil Rehman (Chair)
  - Richard Gladman (Deputy Chair)
  - Professor Ian Lewis

3.2 In addition to the membership, the following participants are required to attend meetings:

- Executive Director of Finance and Resources
- Company Secretary
- Internal audit representative
- External audit representative
- Counter fraud specialist

3.3 The Chief Executive attends to discuss the process for assurance that supports the annual governance statement, and the annual report and accounts.

3.4 In addition, the Chief Executive, other executive directors and senior managers may attend for discussions when the Committee is discussing areas of risk or operational management that are their responsibility.



- 3.5 The Committee has met formally seven times in the last 12 months and has been quorate on all occasions. In addition, there was one informal meeting. A table recording attendance is shown below.

Attendee	16 April	12 May Page turner	7 June	23 July	15 Oct	10 Dec	11 Mar	Total (7)
Richard Gladman	√	√	√	√	X	√	√	6/7
Ian Lewis	√	√	√	X	√	√	√	6/7
Khalil Rehman	√	√	√	√	√	√	√	7/7
Bryan Machin*	√	√	√	√	√	√	√	7/7

\*Executive Director in attendance

- 3.6 In line with its terms of reference, the Committee has had regular private meetings with auditors prior to each formal meeting.

#### **4.0 Review of Committee's activities**

- 4.1 The Audit Committee has an approved annual work plan. Topics scheduled for consideration at each meeting reflect a mix of scheduled items drawn from the work plan and occasional further items that have arisen as a result of specific issues brought to the Committee's attention from internal or external sources.

#### **4.2 Governance, risk management and internal control**

- 4.2.1 The Committee reviewed the annual governance statement for 2021-22 in April 2022 prior to it being submitted for approval by the Board. In considering the statement, the Committee reviews assurances from a range of sources. The final Head of Internal Audit opinion is expected to be received in June 2022.
- 4.2.2 Annual reports have been received from internal audit, counter fraud, security management, risk management and Board sub-committees during the year.

#### **4.3 Internal audit**

- 4.3.1 The Audit Committee has delegated authority to ensure the Trust has an effective internal audit function. The Internal Auditors provide an essential part of the Trust's system of internal control. The Trust's internal audit service for 2021-22 was provided by TIAA Ltd.
- 4.3.2 The Committee reviewed and agreed an annual internal audit plan for 2021/22, which proposed 23 audits. Topics included a broad mix of financial, governance, operational and quality topics.
- 4.3.3 As the audit plan progressed, the Committee reviewed a wide-ranging portfolio of reports, considered recommendations, adopted action plans and overseen progress. The outcome of internal audits was shared with the relevant Board committee, which provided the opportunity to consider the robustness of actions to address recommendations and the associated timescales.

- 4.3.4 In addition to monitoring progress of the audits, the Committee also regularly monitored progress against internal audit management recommendations and associated actions. The Committee requested and received further explanation and background on the priority 1 and 2 recommendations from the audits which have been agreed to be delivered by a certain date but not completed on time. The Committee also reviewed the robustness of the proposed actions and provided feedback.
- 4.3.5 The Committee closely monitored progress against the internal audit plan in an effort to avoid slippage and over running toward the end of the financial year. Throughout the year, the Committee discussed the potential challenges to completing the full internal audit programme for 2021/22 because of the pressures within the Operations Directorate, due to the pandemic. The Committee requested options for re-planning the audit programme for the remainder of the year, to ensure that sufficient assurance work could be successfully completed ahead of the year-end and with audit scopes that would provide most value to the organisation during that period.
- 4.3.6 In March 2022, the Head of Internal Audit reported that whilst the delivery of the internal audit work for 2021/22 had been impacted by the global COVID-19 pandemic it had not affected the auditors ability to provide an Interim Head of Internal Audit Opinion based on the work carried out that reasonable assurance could be given that there were adequate and effective management and internal control processes to manage the achievement of the Trust's objectives. A final opinion would be presented to the Committee in June 2022.

#### **4.4 Counter fraud and security management**

- 4.4.1 The Committee received the local counter fraud annual report and the security management annual report in July 2021. The Committee received a mid-year update on progress against the counter fraud plan for 2020/21, which noted local counter fraud activity, and introduced lessons learnt from fraud incidence from elsewhere.

#### **4.5 Internal audit and Counter Fraud services contract**

- 4.5.1 The Trust last formally tendered the Internal Audit and Counter Fraud services in 2015. TiAA Ltd was appointed for two years with an option to extend for a further year. This current contract reached the maximum extension at the end of April 2022.
- 4.5.2 In October 2021 the Trust undertook a tender process for internal Audit and Counter Fraud services. The winning bidder was Audit Yorkshire; they scored highest on both quality and price. They will deliver services for three years to 31 March 2025 with the option of a further year.

#### **4.6 External audit**

- 4.6.1 In June 2021, Mazar's presented their audit completion report for 2020/21. It stated that the auditors' had issued an unqualified opinion on the Trust's 2020/21 financial statements and concluded that there were no significant matters arising from their 2020/21 audit work.

#### **4.6 *Financial reporting and annual accounts review***

- 4.6.1 The Committee (with the Chief Executive in attendance) reviewed the annual report and accounts in detail in June 2021 prior to recommending the annual report and accounts to the Board for approval.
- 4.6.2 The Committee reviewed the charitable funds annual report and accounts in July 2021 prior to approval by the Charitable Funds Committee.
- 4.6.3 The Committee also discharged a number of further aspects of financial reporting, including: schedules of debtors and creditors, losses and special payments and overpayments and underpayments.

#### **4.7 *Standards of business conduct***

- 4.7.1 The Committee reviewed waivers to tendering procedures, the reference costs process, and the register of gifts and hospitality.

#### **4.8 *Data Security and Information Governance***

- 4.8.1 The Committee pursued evidence of compliance with data security requirements and received regular reports, which provided assurance that risks associated with data security were being adequately managed.
- 4.8.3 The Head of Information Governance and Data Protection Officer regularly attended the Committee to provide an update on progress against the guidance issued for the General Data Protection Regulation (GDPR) compliance, which was in force from May 2018.
- 4.8.5 The Committee monitored information governance/data security training compliance across the Trust and regularly received up to date information on the percentage of staff that had completed training.
- 4.8.6 Updates in relation to information governance and level of compliance with the Data Security & Protection Toolkit were considered by the Committee in March 2022 and it was assured that the Trust was on track to achieve necessary compliance with the standards before final submission on 30 June 2022.

#### **Cyber Security Report**

- 4.8.7 In October the Committee received the first report of this type and was provided in response to an identified gap in sources of assurance for strategic risk 2.4. and described the main activities and the Trust's response and compliance with key national targets and the findings of the Penetration Test conducted in April 2021.

The report included:

- Responses to High Severity Alerts
- Unsupported Systems in Use across the Trust
- Status of Backups
- Performance against the agreed minimum cyber standard in the Data Security Protection Toolkit

## **5.0 Strategic Risk 2.4 (Security of IT infrastructure)**

- 5.1. BAF strategic risk 2.4 (...maintaining the security of its IT infrastructure...) is assigned to the Audit Committee and the sources of assurance that the Committee receives for this BAF Risk were reviewed to determine if they were of sufficient variety, focus, depth and frequency to enable the Committee to form an opinion of the level of assurance they provided. The Committee agreed that these sources provided only a limited picture of assurance and requested additional sources of assurance to be added to the BAF and to the Committee's work plan.

## **6.0 Assessment of the Committee's effectiveness**

### **6.1. Self-assessment of Committee's effectiveness 2021/22**

In December 2021 all members of the Committee were asked to complete a self-assessment questionnaire. A range of questions was asked, and the following summarises the responses received.

#### **In summary:**

*The Audit Committee has a solid workplan quite strictly defined by the business cycle. The Committee meetings themselves have not been significantly impacted by pandemic and have been facilitated consistently well. It has been recognised that the internal audit programme has been affected and there was a limited number of audits completed for clinical service areas because of pressures on services during the pandemic. Papers overall are well presented, with a few named exceptions.*

*The Audit Committee has had a new Chair from April 2021 who is establishing his own style. It was recognised that the previous Chair would always be a hard act to follow however the new Chair had settled into the role very quickly and the Committee members agreed that meetings were being chaired well.*

*The External Auditor was also asked for feedback and confirmed that the Audit Committee is operating effectively.*

#### **Responses**

Responses to each of the eight questions asked of Committee members and key attendees are as follows:

#### **Is the workplan and agenda composition appropriate?**

Committee workplan and agenda composition is quite strictly defined by the business cycle.

Internal Audit plans this year have been impacted quite severely by the pandemic so there has been a reduced focus on clinically related services.

As a new Chair, I wanted an evolutionary approach that was able to flex the standard work plan to accommodate issues/new priorities as they arose. We have been able to do this but with the appointment of new internal auditors there may be some additional matters to think about as they begin their work. Whilst each meeting may have a different balance between strategic/operational depending on the constitutional/mandatory items on the agenda, overall, I am comfortable with the balance.

Good balance and a better emphasis on Cyber threat.

**Are meeting adequately facilitated?**

it all seems to work well.

This is overseen well by Corporate Governance and Finance.

**Are papers of sufficient quality and of appropriate depth?**

Yes. Probably the nature of papers to Audit Committee but they are appropriately factual.

Papers for this meeting seem to be very good on the whole once I got used to the various formats used by internal and external auditors as well as our own internal papers. Some of the IT and fraud related papers can be a bit obscure. Happy with external audit papers but felt internal audit reports could have been improved. Management papers have a sufficient balance of detail vs relevant information needed.

Internal Audit reports will hopefully improve we move away from virtual audits and have new approaches and ideas from a new provider

**Are meetings effectively chaired?**

The new Chair has had a very difficult act to follow but is establishing his own style and approach which seems completely appropriate. I think he is helped by the professionalism of the Finance department and Brian Machin's Executive leadership, which to my mind is exemplary.

Current Chair had a difficult to act to follow in terms of the knowledge and experience of the previous chair. However, the level of enquiry of executives and auditors is increasing and is developing into wider aspects of the Committee's ToR than may have been the case previously.

The pace could improve.

**Are there sufficient opportunities for discussion, scrutiny and challenge?**

Good and open discussions. Perhaps more discussion on internal audit reports can be taken at Business and Quality Committees

**Are follow-up actions appropriately recorded, monitored and completed?**

Excellent work by Corporate Governance.

**Is there a strong relationship between the Board and the Committee?**

There is a good interface between the two. Board meetings allow time for committee chairs to expand on the minutes and highlight any key issues.

However, I think it's useful to reflect whether Board's items can be supported in a timelier way from an assurance/audit perspective i.e. greater alignment between agendas once Board items have been approved.

**Other comments**

Chair's comment: My first year as Chair has been about getting my feet under the table. It has also been about understanding key issues and priorities whilst accepting that the pandemic impact on the way assurance is carried out (i.e. remotely etc) was going to be something we have to adjust to. A good chair seeks to deliver inclusiveness, a good summary of action points, time control and support NEDs to understand complex issues and accountability of execs/management.

- 6.2 The Committee members reflected on the self-assessment questionnaire responses and discussed the ways in which the Audit Committee linked in with other Board Subcommittees.

Whilst the Committee has an existing work plan for 2022/23, it agreed that there should be an even stronger focus on cyber-security. A new Head of Information Governance has recently been appointed and the Committee recognised that this appointment would invigorate the Information Governance Group that reports to the Business Committee.

## **7.0 Recommendation**

- 7.1 The Board is asked to:

- Approve the Audit Committee's annual report

**Public Board Meeting: 27 May 2022**

**Agenda item number: 2022-23 (16b)**

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**Title: Committees' terms of reference review**

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**Category of paper: For approval**

**History: Charitable Funds Committee (February 2022), Nominations and Remuneration Committee (February 2022), Quality Committee (March 2022), Business Committee (March 2022), Audit Committee (April 2022)**

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**Responsible director: Trust Chair**

**Report author: Company Secretary**

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## **Executive summary (Purpose and main points)**

Between February and April 2022, the Trust's sub-committees reviewed their terms of reference as part of their annual review of committee functioning and effectiveness.

Minor changes have been proposed by each committee and are detailed in this report.

The committees' current membership is also provided, for information.

## **Recommendations**

The Board is requested to:

- Approve the changes to the terms of reference of Board sub-committees
- Note the membership of each committee



## 1 Committees' membership

The Trust's Board has appointed five sub-committees to carry out specific functions and provide assurance that the Trust is carrying out its duties effectively, efficiently and economically (as recorded in standing orders).

In order to reflect the best distribution of Board membership across the committees so that they are able to fully discharge their respective responsibilities, committee membership for 2022/23 is shown in the table below.

	<b>Non-executive directors</b>	<b>Executive directors</b>
Audit Committee	Khalil Rehman (Chair) Richard Gladman Prof Ian Lewis	(Executive Director of Finance & Resources and Company Secretary in attendance)
Quality Committee	Helen Thomson (Chair) Prof Ian Lewis Alison Lowe Rachel Booth	Executive Medical Director Executive Director of Nursing Executive Director of Operations (Chief Executive in attendance)
Business Committee	Richard Gladman (Chair) Helen Thomson Khalil Rehman	Chief Executive Executive Director of Finance & Resources Executive Director of Operations (Workforce Director in attendance)
Charitable Funds Committee	Alison Lowe (Chair) Brodie Clark	Executive Director of Finance & Resources Executive Director of Nursing
Nominations and Remuneration Committee	Brodie Clark (Chair) Rachel Booth Alison Lowe	(Workforce Director in attendance)

## 2 Committees' reviews of terms of reference

Between February and April 2022, the Trust's sub-committees reviewed their terms of reference as part of their annual review of committee functioning and effectiveness.

The tables below summarise the changes that have been proposed in order to amend and update content. Once approved, an electronic version of the full amended document will be made available to Board members, managers and staff. Use will be made of the Trust's intranet and website to publish the documents.

## Proposed changes to committees' terms of reference

<b>Quality Committee</b>
<b>Change proposed</b>
Add: Section 6.9 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

<b>Business Committee</b>
<b>Change</b>
Add: Section 6.9 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

<b>Audit Committee</b>
<b>Change proposed</b>
Add: Section 6.7 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

<b>Charitable Funds Committee</b>
<b>Change proposed</b>
Add: Section 5.7 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

<b>Nominations and Remuneration Committee</b>
<b>Change</b>
Add: Section 4.11 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

**Public Board Meeting: 27 May 2022**

**Agenda item number: 2022-23 (16c)**

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**Title: Register of sealings**

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**Category of paper: for approval**  
**History: N/A**

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**Responsible director: Chief Executive**  
**Report author: Company Secretary**

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## **Executive summary (Purpose and main points)**

In line with the Trust's standing orders, the Chief Executive is required to maintain a register recording the use of the Trust's corporate seal.

The details of its recent use are contained within the attached copy of a section of the register.

In accordance with the Trust's standing orders, the seal has in each case been affixed in the presence of two senior officers duly authorised by the Chief Executive, and not also from the originating department, and has been attested by them.

## **Recommendations**

The Board is requested to ratify the use of the corporate seal.

## Register of affixing of corporate seal and signatories to legal documents

OCCASION	PARTIES INVOLVED	DOCUMENT APPROVED & SEAL ATTESTED BY	DATE
Deed of Surrender Compton Centre	Leeds Community Healthcare NHS Property Services	Executive Medical Director Director of Workforce (JA)	06.04.2022

**Public Board Meeting held in public: 27 May 2022**  
**Agenda item number: 2022-23 (17a)**

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**Title: Chief Executive and Chair's action:**

- **Two items concerning losses and special payments**
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**Category of paper: For ratification**

**History: N/A**

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**Responsible director: Chief Executive**

**Report author: Executive Director of Finance and Resources**

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## **Executive summary (Purpose and main points)**

Under Leeds Community Healthcare's Standing Orders, Board committees and other groups undertake work on behalf of the Board. At times it may be necessary for urgent matters that the Board, Board Committees and other groups would normally consider at meetings to be dealt with between meetings. These matters would then be formally reported at subsequent meetings for ratification. For the purposes of this document, the procedure relating to such actions is referred to as 'Chief Executive and Chair's action'.

Two such actions have been recently taken, concerning losses and special payments, which require ratification by the Board:

### **1. Losses and special payments ('Flowers' case leave entitlement payments)**

An Employment Appeals Tribunal in July 2018 between Flowers and the East of England Ambulance Trust ruled that extra hours worked should attract additional annual leave entitlement. This resulted in trusts being instructed to include an accrual for the payments owed in respect of leave not taken by staff for 2019/20 and 2020/21 in their 2020/21 accounts. This was funded by a central allocation of income. The Trust, in line with all other NHS organisations, has been instructed to record this special payment in 2021/22. This payment required Board approval, in line with the Trust's standing financial instructions.

The action was approved by the Chair and Chief Executive in April 2022, in consultation with two non-executive directors: Richard Gladman and Khalil Rehman who are also both members of the Audit Committee.

### **2. Losses and special payments (Maternity pay entitlement error)**

Error regarding an employee's entitlement to maternity pay. An employee was incorrectly informed in writing that she would receive Occupational Maternity Pay (OMP) when, due to her length of service, she was entitled to Statutory Maternity Pay (SMP) only. The employee had made personal decisions based on the incorrect information. The special payment of £11,123 is the difference between the OMP the employee was led to believe she would receive and the SMP she was actually in receipt of.

This payment requires Board approval, in line with the Trust's standing financial instructions

The action was approved by the Chair and Chief Executive in April 2022, in consultation with two non-executive directors: Richard Gladman and Khalil Rehman who are also both members of the Audit Committee.

## **Recommendations**

The Board is asked to:

- Ratify the decision to approve the payments

**Public Board Meeting held in public: 27 May 2022**  
**Agenda item number: 2022-23 (17b)**

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**Title: Chief Executive and Chair's action:**

- **Seacroft building refurbishment costs**
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**Category of paper: For ratification**

**History: N/A**

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**Responsible director: Chief Executive**

**Report author: Executive Director of Finance and Resources**

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## **Executive summary (Purpose and main points)**

Under Leeds Community Healthcare's Standing Orders, Board committees and other groups undertake work on behalf of the Board. At times it may be necessary for urgent matters that the Board, Board Committees and other groups would normally consider at meetings to be dealt with between meetings. These matters would then be formally reported at subsequent meetings for ratification. For the purposes of this document, the procedure relating to such actions is referred to as 'Chief Executive and Chair's action'.

## **SEACROFT CLINIC REFURBISHMENT**

At its meeting on 1<sup>st</sup> October 2022, the Board received a business case for the refurbishment of Seacroft Clinic. The objectives of the refurbishment were, and remain:

- To create an improved patient and staff environment at Seacroft Clinic
- To assist partner organisations to meet their strategic objectives
- To ensure that Seacroft Clinic is compliant with NHS standards
- To improve the functional suitability of Seacroft Clinic
- To ensure that Seacroft Clinic remains operationally fit for purpose in the medium term

The Board approved the following recommendations:

*That Board approves the Business Case (details of the business case were provided).*

*That Board grant delegated authority to the Chief Executive and Executive Director of Finance and Resources to approve the scheme on the basis that the scheme budget of £1,762,088 is not exceeded by over 5%.*

*That should the scheme budget be exceeded by over 5% but less than 10%, Business Committee be granted authority to approve the scheme.*

*Should the scheme budget be exceeded by over 10%, a further report be invited to be presented to full Board.*

A tender exercise has now been completed using the Procure Partnerships framework. The selected contractor's cost has been factored into a revised project cost at Table B, below,

In the 2021/22 capital programme, the following costs were incurred in relation to the project:

Table A

<b>2021/ 22 costs incurred</b>	<b>Cost</b>
Strip out works including asbestos removal, which included £27,000 of asbestos removal that was not initially foreseen	£131,491.61
Professional fees Architect, Project Management, Engineer etc)	£106,353.00
Total 21/22 costs excluding VAT	£237,844.61
<b>Total 21/22 cost including VAT</b>	<b>£285,413.32</b>

The further costs remaining to complete the project in the 2022/23 financial year are as follows:

Table B

<b>2022/23 costs</b>	<b>Total</b>
Construction costs	£1,499,574.24
Furniture ( <i>to be funded through revenue</i> )	£62,149.29
Professional Fees	£53,746
Contingency	£78,086.18
Total remaining cost excluding VAT	£1,693,555.71
<b>Total remaining cost including VAT</b>	<b>£2,032,266.85</b>

**This took the total project cost to £2,317,680 including VAT, which exceeds the approved budget by £555,592 or 31.5%.** An element of the VAT is expected to be recoverable, but even if it is fully recovered the approved scheme budget will be exceeded by over 10%, requiring a further report to the Board.

The reasons for the cost increases are as follows:

- The increase in construction prices has been widely reported in the media, with the latest BEIS (Department for Business, Energy and Industrial Strategy) indices for building materials and components showing a 20.2% increase in material prices over the last year. This is causing difficulty in many healthcare schemes such as this proposal and is seeing firms pricing the inflationary risks into projects.
- Our appointed quantity surveyor has identified a 5% increase in construction materials in the last two months, which is in addition to the increase above which the index calculation until February 2022. Wage increases are also having an impact given the demand in the construction market, cost of living issues and the impact of Brexit.
- In addition to the inflationary pressures faced, the project scope has widened during the design process due to the need to reflect the Trust's declaration of a

climate emergency. Rising utility costs and the need to keep the project sustainable and green necessitated the decision to add photo voltaic cells to the roof. The addition of these cells will cost £29,000 – however they will result in electricity savings and produce a payback period of only 2.6 years, which will assist at a time of significant energy cost increases.

- A parapet and additional steel was added at a cost of £90,000, for security purposes to prevent access to the roof and overcome previous significant security issues on site. This is seen as an integral part of the design but does also add time and cost to the programme.

### **Affordability**

The remaining scheme capital costs of £1,957,688 (excluding revenue funded furniture costs and prudently assuming no VAT reimbursement) remains affordable within the capital allocation for estates and facilities of £2.528m for 2022/23. The planned backlog maintenance spend on other properties can be slipped into 2023/24 as the Trust has a very low level of backlog maintenance.

### **Need for Chair and Chief Executive's Action**

There was a need for approval in advance of the next full Board meeting because the tender price is based on a start date on site of 16<sup>th</sup> May 2022. Delaying this decision would have risked the contractor seeking to negotiate an increased price, especially should there be a further increase in the price of construction materials.

### **Approval**

The Vice Chair (in the Chair's absence) and Chief Executive were asked to approve the project cost of £2,317,680.38 (incl. VAT), which they did on 27 April 2022. In accordance with the Trust's governance procedures, two members of the Business Committee, Richard Gladman and Khalil Rehman were consulted and agreed to support this decision. The Vice Chair observed that the total scheme specification including the widened scope detailed above should have been part of the original Board approval. This has been accepted by the Executive Director of Finance and Resources and the Estates team.

### **Recommendations**

The Board is asked to:

- Ratify the decision made to approve the additional costs

**Public Board Meeting: 27 May 2022**

**Agenda item number: 2022-23 (18i)**

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**Title: Leeds Health and Care Partnership Memorandum of Understanding**

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**Category of paper: for approval**  
**History: Not applicable**

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**Responsible director: Chief Executive**  
**Report author: West Yorkshire ICS Governance Group supported by Hill Dickinson**

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## **Executive summary (Purpose and main points)**

The purpose of this paper is to recommend to the Leeds Community Healthcare NHS Trust Board the agreement of the Leeds Health and Care Partnership (LHCP) Memorandum of Understanding (MoU) and note the Leeds Committee of the Integrated Care Board (ICB) Terms of Reference (for recommendation for approval by the West Yorkshire ICB on 1 July 2022). A working group has met over a number of months to develop proposals for future governance arrangements to reflect the changes to legislation set out in the NHS Bill which is due to be enacted in July 2022.

The partner organisations who are signatories to the MoU have been working collaboratively across Leeds to integrate services and provide care closer to home for local people for some time. These partnership arrangements are further evolving to respond to the changes set out in the DHSC White Paper – Integrating Care – and as outlined in the Health & Care Bill. The Leeds Partnership MoU has been developed with support from Hill Dickinson, who have been supporting the West Yorkshire ICS Governance Group and identified a number of areas where consistency was required across West Yorkshire. The agreement sets out the vision, objectives and shared principles of the Partners in establishing a place-based partnership for Leeds and further developing place-based health and care provision for the people of Leeds using a population health management approach, building on the progress achieved by the Partners to date. The MoU also sets out how the Partners will work together as participants in the Partnership, including the governance arrangements. As a minimum, members of the Leeds Health and Care Place Based Partnership Committee and the partners they represent will need to sign-up to the MoU.

The Leeds Committee of the ICB draft Terms of Reference has been subject to a number of iterations. The version with this report is the final draft that partners' governing bodies are being asked to note and support. These will be formally approved by the West Yorkshire ICB Board on 1 July 2022.

## **Recommendations**

The Trust Board is asked to:

- Approve and sign up to the Leeds Health and Care Partnership Memorandum of Understanding
  - Note the Leeds Committee of the Integrated Care Board Terms of Reference.
- These will be recommended for approval by the West Yorkshire ICB on 1 July 2022.

## LEEDS HEALTH AND CARE PARTNERSHIP

### MEMORANDUM OF UNDERSTANDING

No	Date	Version Number	Author
1	21.05.21	1	Hill Dickinson
2	08.10.21	2	Hill Dickinson
3	02.11.21	3	Amends and Comments from Governance Network
4	05.05.22	4	Amends for 1 July Establishment Date
5	16.05.22	5	Hill Dickinson

### BACKGROUND

- (A) Leeds has a long history of successful partnership working with people at the heart and with a breadth of assets to enable genuine whole system change. There are many examples of how, by working together as a partnership, we have achieved successes and improvements to lives of people who live and work in Leeds. Building on this success, we want to proactively continue to create the conditions that enable and support our health and care staff who come from all professions to continue to work together, and with people and communities, to deliver measurable progress towards our ambition to improve outcomes and reduce inequalities for our population. Whereas Leeds has predominantly led with a values and behaviours culture, working together on a shared ambition of the Health and Wellbeing Strategy and developing strong relationships, and mutual accountability, partners have agreed that Leeds would benefit from having an agreement which captures and formalises health and care partnership arrangements in Leeds.
- (B) This Memorandum of Understanding ("**MoU**") sets out the vision, objectives and shared principles of the signatories to this MoU ("**Partners**") in establishing a place-based partnership for Leeds (the "**Partnership**") and further developing place-based health and care provision for the people of Leeds using a population health management approach, building on the progress achieved by the Partners to date. The MoU also sets out how the Partners will work together as participants in the Partnership, including the governance arrangements.
- (C) The Partners will focus on the Priority Areas within the 'Healthy Leeds – Our Plan to Improve Health and Wellbeing in Leeds', Healthy Leeds Plan ("**HLP**") set out in this MoU to work towards specific outcomes over the term. Further Priority Areas, or changes to existing Priority Areas, may be agreed by the Partners during the term of this MoU as required to further the collaborative work of the Partners for the benefit of the population of Leeds.

- (D) In light of the passing of the Health and Care Act 2022, the Partners recognise that from the Commencement Date they will need to continue with a programme of work through the Partnership governance arrangements set out in this MoU to further develop the Partnership to become a thriving place-based partnership and discharge delegated functions from the NHS West Yorkshire Integrated Care Board (“**ICB**”) and allocate resources for the benefit of the Leeds population.
- (E) The Partners acknowledge that the success of the Partnership will rely on the Partners working collaboratively rather than separately to plan financially sustainable methods of delivering integrated, population-focused services in furtherance of the Priority Areas and the Partnership Development Plan which is being developed and will be approved by the Leeds Committee in the summer 2022.
- (F) This MoU is intended to supplement and work alongside the Partners’ respective governance arrangements and, in the case of provider Partners, their existing and future services contracts with the ICB, NHS England and the Council, whilst respecting their individual sovereignty. It is also intended to work alongside the section 75 agreement in relation to the Better Care Fund between the ICB and the Council.

## **1. DEFINITIONS AND INTERPRETATION**

- 1.1 In this MoU, capitalised words and expressions shall have the meanings given to them in Schedule 1.
- 1.2 In this MoU, unless the context requires otherwise, the following rules of construction shall apply:
  - 1.2.1 a person includes a natural person, corporate or unincorporated body (whether or not having separate legal personality);
  - 1.2.2 unless the context otherwise requires, words in the singular shall include the plural and in the plural shall include the singular;
  - 1.2.3 a reference to a Partner includes its personal representatives, successors or permitted assigns;
  - 1.2.4 a reference to a statute or statutory provision is a reference to such statute or provision as amended or re-enacted. A reference to a statute or statutory provision includes any subordinate legislation made under that statute or statutory provision, as amended or re-enacted;
  - 1.2.5 any phrase introduced by the terms “**including**”, “**include**”, “**in particular**” or any similar expression shall be construed as illustrative and shall not limit the sense of the words preceding those terms; and

1.2.6 a reference to writing or written includes emails.

## **2. STATUS AND PURPOSE**

2.1 The Partners have agreed to work together on behalf of the people of Leeds to establish the Partnership through which to identify and respond to the health and care needs of the Leeds population, and deliver integrated health, support and community care to develop and ultimately deliver improved health and care outcomes for the people of Leeds.

2.2 This MoU sets out the key terms that the Partners have agreed, including:

2.2.1 the vision of the Partners, and key objectives for the development and delivery of integrated services in Leeds and the Priority Areas;

2.2.2 the key principles that the Partners will comply with in working together through the Partnership;

2.2.3 the governance structures underpinning the Partnership as at the Commencement Date.

2.3 Notwithstanding the good faith consideration that each Partner has afforded the terms set out in this MoU, the Partners agree that, save as provided in Clause 2.4 below, this MoU shall not be legally binding. The Partners each enter into this MoU intending to honour all of their respective obligations.

2.4 Each of the Partners agrees to work together in a collaborative and integrated way on a Best for Leeds basis. This MoU is not intended to conflict with or take precedence over the terms of the Services Contracts or the Section 75 Agreement unless expressly agreed by the Partners.

## **3. APPROVALS**

Each Partner acknowledges and confirms that as at the date of this MoU, it has obtained all necessary authorisations to enter into this MoU and that its own organisational leadership body has approved the terms of this MoU.

## **4. DURATION AND REVIEW**

4.1 This MoU will take effect on the Commencement Date and will expire on [DATE] (the “Initial Term”), unless and until terminated in accordance with the terms of this MoU.

4.2 At the expiry of the Initial Term this MoU will expire automatically without notice unless, no later than 3 months before the end of the Initial Term, the Partners agree in writing that the term of the MoU shall be extended for a further term to be agreed between the Partners.



- 4.3 The Partners will review progress made against the Partnership Development Plan and the terms of this MoU by March 2023 and at such intervals thereafter as the Partners may agree. The Partners may agree to vary the MoU to reflect developments as appropriate in accordance with Clause 18 (*Variations*).

## **SECTION A: VISION, OBJECTIVES AND PRINCIPLES**

### **5. THE VISION**

- 5.1 The Partners have agreed to work towards a common vision for the Partnership as follows:

*Leeds, a healthy and caring city for all ages, where people who are the poorest will improve their health the fastest.*

### **6. THE OBJECTIVES**

- 6.1 The Partners have agreed to work together and to perform their duties under this MoU in order to achieve the following Objectives:

- 6.1.1 Living our Partnership Principles: we start with people; we deliver; we are Team Leeds;
- 6.1.2 Working with people and staff and hearing all of their voices;
- 6.1.3 Rethinking how we deliver better person-centred outcomes, drive a seamless experience of care and reduce inequalities;
- 6.1.4 A relentless focus on our shared three key city ambitions combined to make Leeds a healthy, compassionate, climate conscious city with a strong economy, where people who are the poorest improve their health the fastest;
- 6.1.5 Creating a culture that encourages system leadership – ‘Leeds £’, ‘city first, organisational second’, ‘working as if we are one organisation’;
- 6.1.6 Collectively owning and unblocking performance, intelligence, efficiency, quality and financial issues facing health and care;
- 6.1.7 Unblocking intra-organisational system issues, maximising opportunities, eliminating duplication;
- 6.1.8 A shared transformation plan which creates meaningful change, ensuring the short-term is managed in the context of the long-term;
- 6.1.9 ‘One city voice’ – shared understanding and ownership of unified positions and messages; and
- 6.1.10 Maximise the leverage from our collective influence regionally and nationally.

- 6.2 Through the Objectives, the Partners will aim to achieve the following Outcomes identified in the Leeds Health & Wellbeing Strategy:
- 6.2.1 People will live longer and have healthier lives;
  - 6.2.2 People will live full, active and independent lives;
  - 6.2.3 People's quality of life will be improved by access to quality services;
  - 6.2.4 People will be actively involved in their health and their care; and
  - 6.2.5 People will live in healthy, safe and sustainable communities.
- 6.3 The Partners acknowledge that they will have to make decisions together in order for the Partnership arrangements to work effectively. The Partners agree that they will work together and make decisions on a Best for Leeds basis in order to achieve the Objectives, subject to Clause 9.

## **7. THE PRINCIPLES**

- 7.1 The Principles set out below underpin the delivery of the Partners' obligations under this MoU and set out key factors for a successful relationship between the Partners for the delivery of the Partnership.
- 7.2 The Partners agree that the successful delivery of the Partnership operating model will depend on their ability to effectively co-ordinate and combine their expertise and resources in order to deliver an integrated approach to the planning, provision and use of community assets and services across the Partners.
- 7.3 The Partners will work together in good faith and, unless the provisions in this MoU state otherwise, the Partners will ensure:
- 7.3.1 We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce:
    - Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people;
    - 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family;
    - Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so;

- 7.3.2 We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £:
- Make decisions based on the outcomes that matter most to people;
  - Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care;
  - Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well;
- 7.3.3 We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude:
- Unify diverse services through a common culture;
  - Be system leaders and work across boundaries to simplify what we do;
  - Individuals and teams will share good practice and do things once;
- 7.3.4 Act across the Leeds health and care system in line with Nolan’s Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership;
- 7.3.5 Act in the best interests of the population of Leeds;
- 7.3.6 Resolve differences between members and present a united front in the best interests of the people of Leeds;
- 7.3.7 Openness and transparency in discussions;
- 7.3.8 Actively work to remove barriers that prevent Team Leeds working;
- 7.3.9 Hold each other to account;
- 7.3.10 Be clear in language used to reduce any confusion between Partners;
- 7.3.11 Seek clarity from other Partners if unsure of terminology/language used;
- 7.3.12 Offer constructive challenge to improve service delivery and ensure financial balance;
- 7.3.13 Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision;
- 7.3.14 Stick to decisions that are made;
- 7.3.15 Follow through on actions agreed,

and together with the principles set out in Clause 7.2 these are the “Principles”.

## **8. PROBLEM RESOLUTION AND ESCALATION**

- 8.1 The Partners agree to adopt a systematic approach to problem resolution which recognises the Objectives and the Principles set out in Clauses 6 and 7 above and which:
- 8.1.1 seeks solutions without apportioning blame;
  - 8.1.2 is based on mutually beneficial outcomes;
  - 8.1.3 treats each Partner as an equal party in the dispute resolution process; and
  - 8.1.4 contains a mutual acceptance that adversarial attitudes waste time and money.
- 8.2 If a problem, issue, concern or complaint comes to the attention of a Partner in relation to the Priority Areas, Objectives, Principles or any matter in this MoU such Partner shall notify the other Partners. The Partners shall then try to resolve the issue in a proportionate manner by a process of discussion within 20 Operational Days of notification. If they are not able to do this, the matter will be resolved in accordance with Schedule 5 (*Dispute Resolution Procedure*).
- 8.3 If any Partner receives any formal enquiry, complaint, claim or threat of action from a third party relating to this MoU (including, but not limited to, claims made by a supplier or requests for information made under the FOIA relating to this MoU) the receiving Partner will liaise with the Leeds Health and Care Partnership Executive Group as to the contents of any response before a response is issued.

## **SECTION B: OPERATION OF AND ROLES IN THE PARTNERSHIP**

### **9. RESERVED MATTERS**

- 9.1 The Partners agree and acknowledge that nothing in this MoU shall operate as to require them to make any decision or act in anyway which shall place any Partner in breach of:
- 9.1.1 Law;
  - 9.1.2 any Services Contract or the Section 75 Agreement;
  - 9.1.3 any specific Department of Health and Social Care or NHS England policies;
  - 9.1.4 if applicable its Constitution (including for the ICB and the Council), any terms of its provider licence from NHS Improvement or its registration with the CQC;
  - 9.1.5 the terms of reference for the Leeds Health and Care Partnership ICB Committee;
  - 9.1.6 any legislative requirements including the NHS Act 2006 (as amended); or

9.1.7 any term of a non-NHS party's legal constitution or other legally binding agreement or governance document of which specific written notice has been given to the Partners,

and the Leeds Health and Care Partnership Executive Group will not make a final recommendation which requires any Partner to act as such.

## **10. TRANSPARENCY**

- 10.1 Subject to compliance with the Law and contractual obligations of confidentiality, the Partners will provide to each other all information that is reasonably required in order to deliver the Priority Areas and implement the Partnership Development Plan in line with the Objectives.
- 10.2 The Partners have responsibilities to comply with the Law (including where applicable Competition Law). The Partners will make sure that they share information, and particular Competition Sensitive Information, in such a way that is compliant with Competition Law. The ICB will ensure that the Leeds Committee of the West Yorkshire ICB and corresponding sub Leeds place Committees establish appropriate information barriers between and within the Providers so as to ensure that Competition Sensitive Information and Confidential Information are only available to those Providers who need to see it to achieve the Objectives and for no other purpose whatsoever so that the Partners do not breach Competition Law.
- 10.3 It is accepted by the Partners that the involvement of the Providers in the governance arrangements for the Partnership is likely to give rise to situations where information will be generated and made available to the Providers which could give the Providers an unfair advantage in competitive procurements or which may be capable of distorting such procurements (for example, disclosure of pricing information or approach to risk may provide one Provider with a commercial advantage over a separate Provider).
- 10.4 Any Provider will have the opportunity to demonstrate to the reasonable satisfaction of the ICB and/or the Council (where acting as a commissioner) in relation to any competitive procurements that the information it has acquired as a result of its participation in the Partnership, other than as a result of a breach of this MoU, does not preclude the ICB and/or the Council (where acting as a commissioner) from running a fair competitive procurement in accordance with their legal obligations.
- 10.5 Notwithstanding Clause 10.4 above, the ICB and the Council may take such measures as they consider necessary in relation to competitive procurements in order to comply with their obligations under Law which may include excluding any potential bidder from the competitive procurement in accordance with the Law governing that competitive procurement.

## SECTION C: GOVERNANCE ARRANGEMENTS

### 11. LEEDS HEALTH AND CARE (PLACE-BASED) PARTNERSHIP GOVERNANCE

11.1 The governance structure for the Place Partnership is set out in the diagram in Schedule 3 (*Governance*) and includes the following:

11.1.1 the Leeds Health and Wellbeing Board;

11.1.2 the Leeds Health and Care Partnership ICB Committee;

11.1.3 the Leeds Health and Care Partnership Executive Group; and

11.1.4 three Leeds Sub-Committees.

#### *Leeds Health and Wellbeing Board*

11.2 The Leeds Health and Wellbeing Board is a committee of the Council, charged with promoting greater health and social care integration in Leeds. The Health and Wellbeing Board will receive reports from the Leeds Health and Care Partnership Executive Group as to the development of the Partnership arrangements under this MoU and progress against the Health & Wellbeing Strategy and the Partnership Development Plan.

#### *Leeds Health and Care Partnership ICB Committee (the “Leeds ICB Committee”)*

11.3 The Leeds ICB Committee is established as a formal committee of the West Yorkshire ICB Board, in accordance with the ICB’s constitution. The Leeds ICB Committee has delegated authority from the ICB Board to make decisions about the use of ICB resources in Leeds in line with its remit, and otherwise support the ICB as set out in its terms of reference at Schedule 3 Part 1 (current as at the Commencement Date). The decisions reached by the Leeds ICB Committee are decisions of the ICB, in line with the ICB’s Scheme of Reservation and Delegation. Members of the Leeds ICB Committee must comply with ICB policies and procedures.

11.4 The Leeds ICB Committee reports to the ICB Board and will:

11.4.1 together with Partner organisations, oversee the Partnership arrangements under this MoU;

11.4.2 act in accordance with its terms of reference at Schedule 3 Part 1;

11.4.3 provide updates to the Health and Wellbeing Board on progress against the Joint Health and Wellbeing Strategy (JHWS) for Leeds;

11.4.4 report to Partner organisations on progress against the Objectives;

11.4.5 liaise where appropriate with:

- (a) national stakeholders (including NHS England and NHS Improvement); and
- (b) the West Yorkshire Integrated Care Partnership,

to communicate the views of the Partnership on matters relating to integrated care in Leeds.

- 11.5 The Partners acknowledge that their employees may be appointed as members of the Leeds ICB Committee. The Partners agree to support their employees in doing so in line with the aims and objectives of the Leeds ICB Committee. The Partners acknowledge that any individual who is nominated as a member of the Leeds ICB Committee or sub-committee of the Leeds ICB Committee understands and agrees to bring knowledge and perspective from their sector but not be a delegate or carry agreed mandates from that sector or from their Partner organisation.
- 11.6 Each Partner must ensure that its appointed members or attendees of the Leeds ICB Committee (or their appointed deputies/alternatives) attend all of the meetings of the relevant group and participate fully and exercise their rights on a Best for Leeds basis and in accordance with Clause 5 (*Objectives*) and Clause 7 (*Principles*).

#### *Leeds Health and Care Partnership Executive Group (PEG)*

- 11.7 PEG is a consultative and collaborative group to inform and support the work of the Leeds ICB Committee and the Health and Wellbeing Board. PEG is not a committee of any Partner or any combination of Partners and will operate as a collaborative forum.
- 11.8 PEG will support system development by establishing a shared culture where Partner staff adopt common sets of values and behaviours. It will help to oversee and support the development of shared partnership infrastructure that may be required to support the work of the Partnership. PEG will act in accordance with its terms of reference.

#### *Leeds System Committees*

- 11.9 The Leeds System Committees are Quality and People's Experience, Finance, and Delivery. The System Committees are established by, and will each report and provide assurance to, the Leeds ICB Committee [as formal sub-committees of the Leeds ICB Committee]. Their terms of reference are set out in [to be included].
- 11.10 The Partners will review and develop the governance arrangements for the Partnership during 2022/23 to strengthen joint decision-making between the Partners, such review to include consideration of developing a joint committee structure between the Partners in line with the relevant provisions of the Health and Care Act 2022.

#### ***Place Lead role***

- 11.11 Following a nomination from the Partnership, the ICB has appointed a 'Place Lead' who has responsibility for strategic leadership of the Partnership. The Place Lead is the 'convenor' of the Partnership, bringing Partners together and leading collaborative work and integration

across the Partnership. The Place Lead is a member of the WY Integrated Care Board, the Leeds ICB Committee, the Leeds Health and Wellbeing Board and the PEG.

## **12. CONFLICTS OF INTEREST**

- 12.1 Subject to compliance with Law (including without limitation Competition Law) and contractual obligations of confidentiality, the Partners agree to share all information relevant to the achievement of the Objectives in an honest, open and timely manner.
- 12.2 The Partners will:
  - 12.2.1 disclose to each other the full particulars of any real or apparent conflict of interest which arises or may arise in connection with this MoU or the operation of the Partnership governance immediately upon becoming aware of the conflict of interest whether that conflict concerns the Partner or any person employed or retained by them for or in connection with the performance of this MoU;
  - 12.2.2 not allow themselves to be placed in a position of conflict of interest in regard to any of their rights or obligations under this MoU (without the prior consent of the other Partners) before they participate in any decision in respect of that matter; and
  - 12.2.3 use best endeavours to ensure that their representatives on the Leeds ICB Committee also comply with the requirements of this Clause 12 when acting in connection with this MoU.
- 12.3 If there is:
  - 12.3.1 any uncertainty or a lack of consensus between the Partners regarding the existence of a conflict of interest under Clause 12.2.1 or 12.2.2; or
  - 12.3.2 any query or Dispute as to whether any Partner is put in a position (or will be) of conflict under Clause 12.2.2,any Partner may refer the matter for resolution under Clause 8 (Problem Resolution and Escalation).
- 12.4 The Partners will each comply with the ICB conflicts of interest policy when participating in the Leeds ICB Committee or any other Governance Group undertaking ICB Business, otherwise the conflicts of interest policy and procedures of its Partner organisation will apply.
- 12.5 The ICB has made arrangements to manage any actual and potential conflicts of interest to ensure that decisions made by committees or sub-committees of the ICB will be taken and seen to be taken without being unduly influenced by external or private interest and do not, (and do not risk appearing to) affect the integrity of the ICB's decision-making processes. These arrangements apply to the Leeds ICB Committee and any sub-committees of the Leeds ICB Committee.



- 12.6 The ICB has agreed policies and procedures for the identification and management of conflicts of interest which are published on the ICB website.
- 12.7 The Partners shall ensure that all Leeds ICB Committee and sub-committee members nominated by them comply with the ICB policy on conflicts of interest in line with their terms of office. This will include but not be limited to declaring all interests on a register that will be maintained by the ICB.
- 12.8 The Partners shall ensure that all Leeds ICB Committee and sub-committee members comply with the ICB Standards of Business Conduct policy.

## **SECTION D: FINANCIAL PLANNING**

### **13. FINANCIAL PRINCIPLES**

- 13.1 The Partners will continue to be paid in accordance with the mechanism set out in their respective Services Contracts.
- 13.2 The Partners commit to developing and agreeing system financial principles during the initial term for the allocation of resources within Leeds.
- 13.3 Any future introduction of a risk / reward sharing mechanism would require additional provisions to be agreed between the Partners and incorporated into this MoU in accordance with Clause 18 (Variations).

## **SECTION E: FUTURE DEVELOPMENT OF THE PARTNERSHIP**

### **14. PARTNERSHIP DEVELOPMENT PLAN**

- 14.1 The Partners have agreed to work together to implement a Partnership Development Plan which is being developed and approved by the Leeds Committee in the summer 2022. The areas for development set out in the Partnership Development Plan have been identified by the Partners as priorities for 2022/23 in order to ensure that the Partnership continues to develop and implement the new model of health and care planning and delivery in Leeds from the Commencement Date. The Partners will keep the Partnership Development Plan under review through the governance structures set out in this MoU and may agree to amend the Partnership Development Plan as required during the Initial Term in accordance with Clause 18 (*Variations*), in line with policy direction and legislative developments.

## **SECTION F: GENERAL PROVISIONS**

### **15. EXCLUSION AND TERMINATION**

- 15.1 A Partner may be excluded from this MoU on notice from the other Partners (acting in consensus) in the event of:

15.1.1 the termination of their Services Contract; or

15.1.2 an event of Insolvency affecting them.

15.2 A Partner may withdraw from this MoU by giving not less than 6 months' written notice to each of the other Partners' representatives.

15.3 A Partner may be excluded from this MoU on written notice from all of the remaining Partners in the event of a material or a persistent breach of the terms of this MoU by the relevant Partner which has not been rectified within 30 days of notification issued by the remaining Partners (acting in consensus) or which is not reasonably capable of remedy. In such circumstances this MoU shall be partially terminated in respect of the excluded Partner.

15.4 The PPB may resolve to terminate this MoU in whole where:

15.4.1 a Dispute cannot be resolved pursuant to the Dispute Resolution Procedure; or

15.4.2 where the Partners agree for this MoU to be replaced by a formal legally binding agreement between them.

15.5 Where a Partner is excluded from this MoU, or withdraws from it, the excluded or withdrawing (as relevant) Partner shall procure that all data and other material belonging to any other Partner shall be delivered back to the relevant Partner or deleted or destroyed (as instructed by the relevant Partner) as soon as reasonably practicable.

## **16. INTRODUCING NEW PROVIDERS**

16.1 Additional parties may become parties to this MoU on such terms as the Partners shall jointly agree in writing, acting at all times on a Best for Leeds basis. Any new Partner will be required to agree in writing to the terms of this MoU before admission.

## **17. LIABILITY**

17.1 The Partners' respective responsibilities and liabilities in the event that things go wrong with the Services will be allocated under their respective Services Contracts and not this MoU.

## **18. VARIATIONS**

18.1 Save as set out in Clause 19, any amendment, waiver or variation of this SPA will not be binding unless set out in writing, expressed to amend, waive or vary this SPA and signed by or on behalf of each of the Partners.

## **19. ASSIGNMENT AND NOVATION**

19.1 Unless the Partners agree otherwise in writing, none of the Partners will novate, assign, delegate, sub-contract, transfer, charge or otherwise dispose of all or any of their rights and responsibilities under this MoU.

## **20. CONFIDENTIALITY AND FOIA**

- 20.1 Each Partner shall keep confidential all Confidential Information that it receives from the other Partners except to extent such Confidential Information is required by Law to be disclosed or is already in the public domain or comes into the public domain otherwise than through an unauthorised disclosure by a Partner to this MoU.
- 20.2 To the extent that any Confidential Information is covered or protected by legal privilege, then disclosing such Confidential Information to any Partner or otherwise permitting disclosure of such Confidential Information does not constitute a waiver of privilege or of any other rights which a Partner may have in respect of such Confidential Information.
- 20.3 The Partners agree to procure, as far as is reasonably practicable, that the terms of this Clause 20 (*Confidentiality and FOIA*) are observed by any of their respective successors, assigns or transferees of respective businesses or interests or any part thereof as if they had been party to this MoU.
- 20.4 Nothing in this Clause 20 (*Confidentiality and FOIA*) will affect any of the Partners' regulatory or statutory obligations, including but not limited to competition law of any applicable jurisdiction.
- 20.5 The Partners acknowledge that some of them are subject to the requirements of the FOIA and will facilitate each other's compliance with their information disclosure requirements, including the submission of requests for information and handling any such requests in a prompt manner and so as to ensure that any Partner which is subject to FOIA is able to comply with their statutory obligations.

## **21. GENERAL**

- 21.1 Any notice or other communication given to a Partner under or in connection with this MoU shall be in writing, addressed to that Partner at its principal place of business or such other address as that Partner may have specified to the other Partner in writing in accordance with this Clause, and shall be delivered personally, or sent by pre-paid first class post, recorded delivery or commercial courier or email.
- 21.2 A notice or other communication shall be deemed to have been received: if delivered personally, when left at the address referred to in Clause 21.1 above; if sent by pre-paid first class post or recorded delivery, at 9.00 am on the second Operational Day after posting; if delivered by commercial courier, on the date and at the time that the courier's delivery receipt is signed; or if sent by email, one (1) Operational Day after transmission.
- 21.3 Nothing in this MoU is intended to, or shall be deemed to, establish any partnership between any of the Partners, constitute any Partner the agent of another Partner, nor authorise any

Partner to make or enter into any commitments for or on behalf of any other Partner except as expressly provided in this MoU.

- 21.4 This MoU may be executed in any number of counterparts, each of which when executed and delivered shall constitute an original of this MoU, but all the counterparts shall together constitute the same agreement. The expression “counterpart” shall include any executed copy of this MoU scanned into printable PDF, JPEG, or other agreed digital format and transmitted as an e-mail attachment. No counterpart shall be effective until each Partner has executed at least one counterpart.
- 21.5 This MoU, and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims), shall be governed by, and construed in accordance with, English law, and where applicable, the Partners irrevocably submit to the exclusive jurisdiction of the courts of England and Wales.
- 21.6 A person who is not a Partner to this MoU shall not have any rights under or in connection with it.

This MoU has been entered into on the date stated at the beginning of it.

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Signed by [ insert ]

for and on behalf of **THIRD SECTOR PROVIDERS**

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[ ]

## VOLITION

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[ ]

**LEEDS OLDER PEOPLES  
FORUM**

## SCHEDULE 1

### Definitions and Interpretation

1. The following words and phrases have the following meanings:

<b>Best for Leeds</b>	best for the achievement of the Vision, Objectives and Outcomes for the Leeds population on the basis of the Principles.
<b>Commencement Date</b>	the date entered on page one (1) of this MoU.
<b>Commercially Sensitive Information</b>	Confidential Information which is of a commercially sensitive nature relating to a Partner, its intellectual property rights or its business or which a Partner has indicated would cause that Partner significant commercial disadvantage or material financial loss.
<b>Commissioner</b>	a Partner who is also a commissioner of Services, being the ICB and the Council as at the Commencement Date.
<b>Competition Law</b>	the Competition Act 1998 and the Enterprise Act 2002, as amended by the Enterprise and Regulatory Reform Act 2013.
<b>Competition Sensitive Information</b>	Confidential information which is owned, produced and marked as Competition Sensitive Information by one of the Partners and which that Partner properly considers is of such a nature that it cannot be exchanged with the other Partners without a breach or potential breach of Competition Law. Competition Sensitive Information may include, by way of illustration, trade secrets, confidential financial information and confidential commercial information, including without limitation, information relating to the terms of actual or proposed contracts or sub-contract arrangements (including bids received under competitive tendering), future pricing, business strategy and costs data, as may be utilised, produced or recorded by any Partner, the publication of which an organisation in the same business would reasonably be able to expect to protect by virtue of business confidentiality provisions.
<b>Confidential Information</b>	the provisions of this MoU and all information which is secret or otherwise not publicly available (in both cases in its entirety or in part) including commercial, financial, marketing or technical information, know-how, trade secrets or business methods, in all

	cases whether disclosed orally or in writing before or after the date of this MoU, including Commercially Sensitive Information and Competition Sensitive Information.
<b>Dispute</b>	any dispute arising between two or more of the Partners in connection with this MoU or their respective rights and obligations under it.
<b>Dispute Resolution Procedure</b>	the procedure set out in Schedule 5 for the resolution of disputes which are not capable of resolution under Clause 8 ( <i>Problem Resolution and Escalation</i> ).
<b>FOIA</b>	the Freedom of Information Act 2000 and any subordinate legislation (as defined in section 84 of the Freedom of Information Act 2000) from time to time together with any guidance and/or codes of practice issued by the Information Commissioner or relevant Government department in relation to such Act.
<b>Good Practice</b>	Good Clinical Practice and/or Good Health and/or Social Care Practice (each as defined in the Services Contracts), as appropriate.
<b>Governance Group</b>	any group referred to in this MoU or set up pursuant to the various terms of reference referred to in this MoU to further the work of the Partnership.
<b>ICB</b>	NHS West Yorkshire Integrated Care Board.
<b>Initial Term</b>	the initial term of this MoU as set out in Clause 4.1.
<b>Insolvency</b>	(as may be applicable to each Partner) a Partner taking any step or action in connection with its entering administration, provisional liquidation or any composition or arrangement with its creditors (other than in relation to a solvent restructuring), being wound up (whether voluntarily or by order of the court, unless for the purpose of a solvent restructuring), having a receiver appointed to any of its assets or ceasing to carry on business.
<b>Law</b>	<ul style="list-style-type: none"> <li>a) any applicable statute or proclamation or any delegated or subordinate legislation or regulation;</li> <li>b) any applicable judgment of a relevant court of law which is a binding precedent in England and Wales;</li> <li>c) Guidance (as defined in the NHS Standard Contract);</li> <li>d) National Standards (as defined in the NHS Standard Contract); and</li> <li>e) any applicable code.</li> </ul>



<b>Leeds Health and Care Partnership Executive Group</b>	has the meaning set out in Clause 11.7.
<b>Leeds Health and Care Partnership ICB Committee</b>	the Leeds Place-based Partnership Committee of the ICB, the terms of reference for which are set out in Part 1 of Schedule 4 (Governance).
<b>Leeds ICB Committee</b>	the Leeds Health and Care Partnership ICB Committee.
<b>MoU</b>	this memorandum of understanding incorporating the Schedules.
<b>NHS Standard Contract</b>	the NHS Standard Contract for NHS healthcare services as published by NHS England from time to time.
<b>Objectives</b>	the objectives for the Partnership set out in Clause 6.1.
<b>Operational Days</b>	a day other than a Saturday, Sunday or bank holiday in England.
<b>Outcomes</b>	the outcomes for the Partnership set out in Clause 6.2.
<b>Partnership Development Plan</b>	the initial Partnership Development Plan set out in Schedule 3 ( <i>Partnership Development Plan</i> ).
<b>PEG</b>	the Leeds Health and Care Partnership Executive Group has the meaning set out in Clause 11.7.
<b>Population</b>	the population of Leeds, who reside in Leeds or are registered with a Leeds GP.
<b>Principles</b>	the principles for the Partnership set out in Clause 7.
<b>Priority Areas</b>	the priority areas identified by the Partners as set out in Schedule 2 ( <i>Priority Areas</i> ).
<b>Provider</b>	a Partner who is also a provider of Services under a Services Contract.
<b>Section 75 Agreement</b>	the agreement entered into by the Commissioners under section 75 of the National Health Service Act 2006 to commission the services listed in the Schedules to that agreement.
<b>Service Users</b>	people within the Leeds population, who reside in Leeds or are registered with a Leeds GP.
<b>Services</b>	the services provided, or to be provided, by each Provider to Service Users pursuant to its respective Services Contract.

<b>Services Contract</b>	a contract entered into by one of the ICB or the Council and a Provider for the provision of Services, and references to a Services Contract include all or any one of those contracts as the context requires.
<b>Vision</b>	the vision of the Partnership, as set out in Clause 5.

## **SCHEDULE 2**

### **Priority Areas**

The Partners have identified the Priority Areas during the Initial Term (as may be agreed and amended from time to time) as:

**‘Healthy Leeds – Our Plan to Improve Health and Wellbeing in Leeds (HLP)’**

## **SCHEDULE 3**

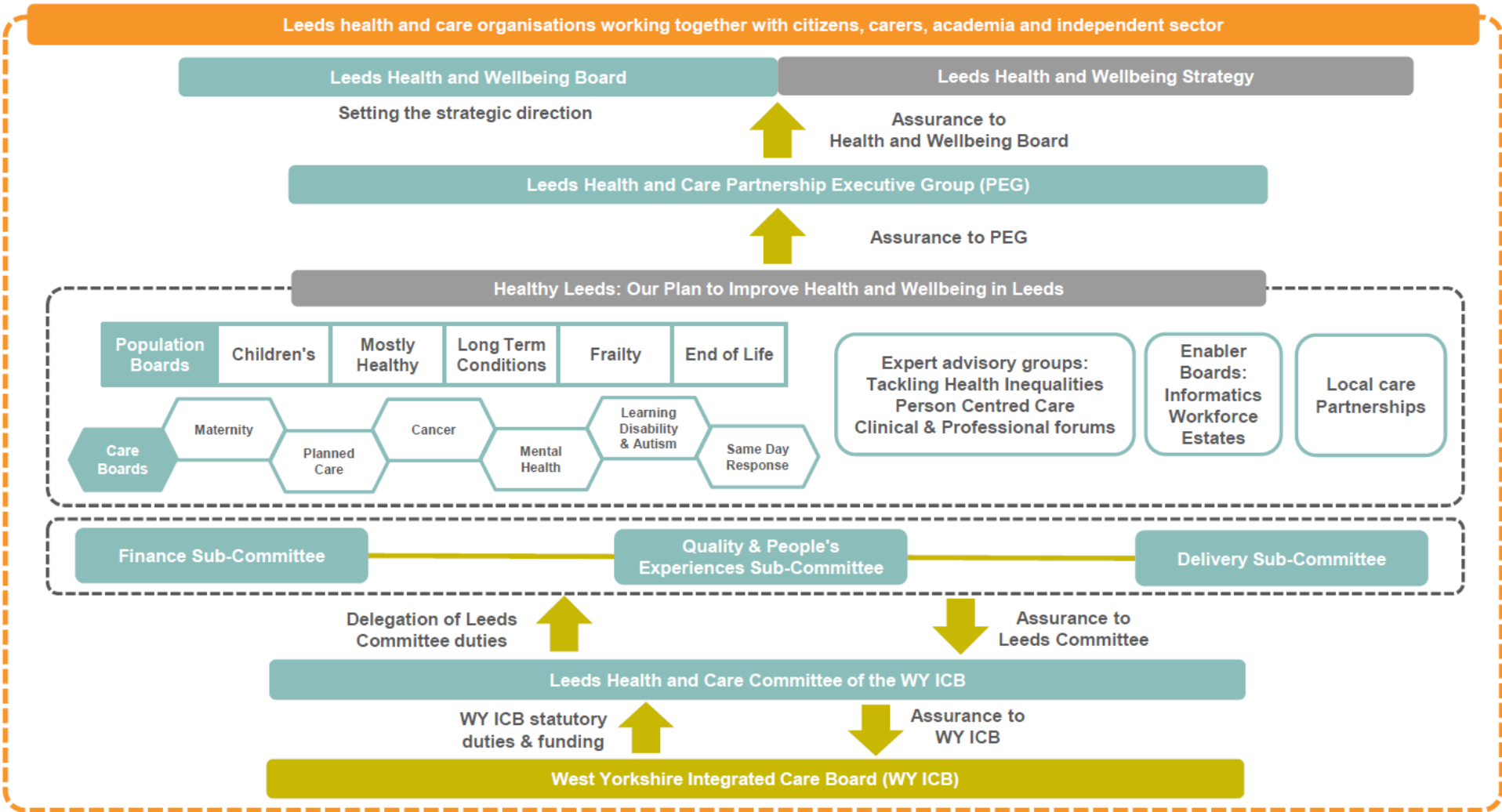
### **Governance**

This Schedule 4 sets out the governance arrangements for the Partnership under this MoU.

The diagram below summarises the governance structure which the Partners have agreed to establish and operate from the Commencement Date, to provide oversight of the development and implementation of the Partnership approach and the arrangements under this MoU.

This Schedule also contains the terms of reference for the Leeds Health and Care Partnership ICB Committee.

Overview of the Leeds Partnership governance model



## **Part 1 – Leeds Health and Care Partnership ICB Committee - Terms of Reference**

### **Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee Terms of Reference**

#### **Version control**

Version: 0.4 (final approved version to be 1.0)

Approved by: ICB Board

Date Approved:

Responsible Officer:

Date Issued:

Date to be reviewed: Initially 6 months, thereafter annual

#### **Change history**

<b>Version number</b>	<b>Changes applied</b>	<b>By</b>	<b>Date</b>
0.1	Initial draft	Laura Ellis	21.09.21
0.2	Review	Stephen Gregg	29.09.21
0.3	Review	Leeds Governance Network – Place amends	02.11.21
0.4	Review	Sam Ramsey	27.04.22

#### **1. Introduction**

- 1.1 The Leeds Health and Care (Place Based) Partnership Integrated Care Board (ICB) Committee is established as a committee of the West Yorkshire ICB Board, in accordance with the ICB's Constitution, Standing Orders and Scheme of Delegation.
- 1.2 These terms of reference, which must be published on the ICB website, set out the remit, responsibilities, membership and reporting arrangements of this Committee and may only be changed with the approval of the ICB Board. The Committee has no executive powers, other than those specifically delegated in these terms of reference.
- 1.3 The ICB is part of the West Yorkshire Integrated Care System, which has identified a set of guiding principles that shape everything we do:
  - We will be ambitious for the people we serve and the staff we employ.
  - The West Yorkshire partnership belongs to its citizens and to commissioners and providers, councils and NHS. We will build constructive relationships with

communities, groups and organisations to tackle the wide range of issues which have an impact on health inequalities and people's health and wellbeing.

- We will do the work once – duplication of systems, processes and work should be avoided as wasteful and potential source of conflict.
- We will undertake shared analysis of problems and issues as the basis of taking action.
- We will apply subsidiarity principles in all that we do – with work taking place at the appropriate level and as near to local as possible.

1.4 The ICS has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisation, our place and of West Yorkshire.
- We support each other and work collaboratively.
- We act with honesty and integrity, and trust each other to do the same.
- We challenge constructively when we need to.
- We assume good intentions; and
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

1.5 The Leeds Health and Care Partnership have a shared bold ambition: Leeds will be the best city for health and wellbeing.

1.6 Our clear vision is: Leeds will be a healthy and caring city for all ages, where people who are the poorest improve their health the fastest.

1.7 We have also agreed a number of partnership principles:

- We start with people – working with people instead of doing things to them or for them, maximising the assets, strengths and skills of Leeds' citizens, carers and workforce.
  - Have 'Better Conversations' – equipping the workforce with the skills and confidence to focus on what's strong rather than what's wrong through high support, high challenge, and listening to what matters to people
  - 'Think Family' – understand and coordinate support around the unique circumstances adults and children live in and the strengths and resources within the family
  - Think 'Home First' – supporting people to remain or return to their home as soon as it is safe to do so
- We deliver – prioritising actions over words. Using intelligence, every action focuses on what difference we will make to improving outcomes and quality and making best use of the Leeds £.
  - Make decisions based on the outcomes that matter most to people
  - Jointly invest and commission proportionately more of our resources in first class primary, community and preventative services whilst ensuring that hospital services are funded to also deliver first class care

- Direct our collective resource towards people, communities and groups who need it the most and those focused on keeping people well
- We are Team Leeds – working as if we are one organisation, being kind, taking collective responsibility for and following through on what we have agreed. Difficult issues are put on the table, with a high support, high challenge attitude.
  - Unify diverse services through a common culture
  - Be system leaders and work across boundaries to simplify what we do
  - Individuals and teams will share good practice and do things once

## **2. Membership**

**2.1** This part of the terms of reference describes the membership of the Leeds Health and Care (Place Based) Partnership ICB Committee. Further information about the criteria for the roles and how they are appointed is documented separately.

### **2.2 Core membership**

2.2.1 The membership of the Committee will be as follows:

- Independent Chair
- Independent Lay Member – Finance and Governance
- Independent Lay Member – Health Inequalities and Delivery
- Healthwatch Representative
- Executive Members (Leeds Office of the WY ICS)
  - ICB Leeds Place Lead
  - ICB Leeds Finance Lead
  - ICB Leeds Nurse Lead
  - ICB Leeds Medical Officer
- Partner Members
  - 1 x Leeds Teaching Hospitals Trust
  - 1 x Leeds & York Partnership Foundation Trust
  - 1 x Leeds Community Healthcare Trust
  - 1 x Leeds City Council
  - 1 x Primary Care
  - 1 x Third Sector
  - 1 x Director of Public Health

### **2.3 Required attendees**

- Non-voting members to be in attendance (TBC)

**2.4** ICB officers may request or be requested to attend the meeting when matters concerning their responsibilities are to be discussed or they are presenting a paper.

**2.5** Any member of the ICB Board can be in attendance subject to agreement with the



Chair.

### **3. Arrangements for the conduct of business**

#### **3.1 Chairing meetings**

The meetings will be run by the chair. In the event of the chair of the committee being unable to attend all or part of the meeting, the remaining members of the committee should appoint a chair for the meeting.

#### **3.2 Quoracy**

No business shall be transacted unless at least 50% of the membership is present. The quorum is 8 individuals. This must include representation from the following as a minimum:

- The Chair or his/her nominated Deputy Chair
- At least one independent lay member
- ICB Place Director or ICB Place Finance Lead
- ICB Place Nurse Lead or ICB Place Medical Officer
- At least two partner members

For the sake of clarity:

- a) No person can act in more than one capacity when determining the quorum.
- b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.

Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available and with the prior agreement of the Chair. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

Members are normally expected to attend at least 75% of meetings during the year.

With the permission of the person presiding over the meeting, the Executive Members and the Partner Members of the Committee may nominate a deputy to attend a meeting of the Committee that they are unable to attend. The deputy may speak and vote on their behalf. The decision of person presiding over the meeting regarding authorisation of nominated deputies is final.

#### **3.3 Voting**

In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Committee will have one vote, the process for which is set out below:

- a. All members of the committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the committee are set out at paragraph 2.2.1; attendees and observers do not have voting rights.)
- b. Absent members may not vote by proxy. Absence is defined as being absent at the time of the vote, but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.
- c. A resolution will be passed if more votes are cast for the resolution than against it.

- d. If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
- e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

### **Conflict resolution**

The Committee will be expected to reach a consensus when agreeing matters of business. This will mean that core members are expected to compromise and demonstrate the behaviours listed within the Terms of Reference.

If the group cannot reach a consensus on a specific matter, the group will consider inviting an independent facilitator to assist with resolving the specific matter.

### **3.4 Frequency of meetings**

The Committee will meet no less than four times in a 12 month period in public. Development sessions may also be held throughout the year.

The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the Committee.

One third of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting. If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Committee members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Committee specifying the matters to be considered at the meeting.

In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

### **3.5 Urgent decisions**

In the case of urgent decisions and extraordinary circumstances, every attempt will be made for the Committee to meet virtually. Where this is not possible the following will apply:

- a) The powers which are delegated to the Committee, may for an urgent decision be exercised by the Chair of the Committee and the ICB Lead Place Lead. If the Chair of the Committee is not an independent non-executive member, then such an individual must also be consulted.
- b) The exercise of such powers shall be reported to the next formal meeting of the Committee for formal ratification, where the Chair will explain the reason for the action taken, and the ICB Audit Committee for oversight.

### **3.6 Admission of the press and public**

In accordance with Public Bodies (Admission to Meetings) Act 1960 All meetings of the ICB at which public functions are exercised will be open to the public. This includes the Committee.

The Committee may resolve to exclude the public from a meeting or part of a meeting where it would be prejudicial to the public interest by reason of the confidential nature of

the business to be transacted or for other special reasons stated in the resolution and arising from the nature of that business or of the proceedings or for any other reason permitted by the Public Bodies (Admission to Meetings) Act 1960 as amended or succeeded from time to time.

The chair of the meeting shall give such directions as he/she thinks fit with regard to the arrangements for meetings and accommodation of the public and representatives of the press such as to ensure that the Committee's business shall be conducted without interruption and disruption.

As permitted by Section 1(8) Public Bodies (Admissions to Meetings) Act 1960 as amended from time to time) the public may be excluded from a meeting to suppress or prevent disorderly conduct or behaviour.

Matters to be dealt with by a meeting following the exclusion of representatives of the press, and other members of the public shall be confidential to the members of the Committee.

A public notice of the time and place of the meeting and how to access the meeting shall be given by posting it at the offices of the ICB body and electronically at least 7 calendar days before the meeting or, if the meeting is convened at shorter notice, then at the time it is convened.

The agenda and papers for meetings will be published electronically 5 working days in advance of the meeting excluding, if thought fit, any item likely to be addressed in part of a meeting is not likely to be open to the public.

### **3.7 Declarations of interest**

If any member has an interest, financial or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the ICB's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting will determine how a conflict of interest should be managed. The chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, and actions taken in mitigation will be recorded in the minutes of the meeting.

### **3.8 Support to the Committee**

Administrative support will be provided to the Committee by the ICB. This will include:

- Agreement of the agenda with the Chair in consultation with the ICB Place Lead, taking minutes of the meetings, keeping an accurate record of attendance, management and recording of conflicts of interest, key points of the discussion, matters arising and issues to be carried forward.
- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.
- Drafting minutes for approval by the Chair and ICB Place Lead within five working days of the meeting and then distribute to all attendees following this approval within 10 working days.
- An annual work plan to be updated and maintained on a monthly basis.

#### **4. Remit and responsibilities of the committee**

The Leeds Health and Care (Place Based) Partnership ICB Committee has been provided with delegated authority to make decisions about the use of NHS resources in Leeds, including the agreement of contracts for relevant services. The decisions reached are the decisions of the ICB, in line with the organisation's scheme of delegation.

The West Yorkshire Integrated Care Board high level Scheme of Reservation and Delegation (SoRD) is attached at Appendix 1 and outlines those responsibilities that will be delegated to a Committee or Sub-Committee.

#### **5. Authority**

- 5.1 The Committee is authorised to investigate any activity within its terms of reference. It is authorised to seek any information it requires within its remit, from any employee of the ICB and they are directed to co-operate with any such request made by the Committee.
- 5.2 The Committee is authorised to commission any reports or surveys it deems necessary to help it fulfil its obligations.
- 5.3 The Committee is authorised to obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary. In doing, so, the Committee must follow procedures put in place by the ICB for obtaining legal or professional advice.
- 5.4 The Committee is authorised to create sub-committees or working groups as are necessary to fulfil its responsibilities within its terms of reference. The Committee may not delegate executive powers delegated to it within these terms of reference (unless expressly authorised by the ICB Board) and remains accountable for the work of any such group.

#### **6. Reporting**

- 6.1 The Committee shall submit its minutes to each formal ICB Board meeting.
- 6.2 The Leeds ICB Place Lead shall draw to the attention of the ICB Board any significant issues or risks relevant to the ICB.
- 6.3 The Committee's minutes will be published on the ICB website once ratified.
- 6.4 The Committee shall submit an annual report to the ICB Audit Committee and the ICB.
- 6.5 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan e.g. sub-committees.

#### **7. Conduct of the committee**

- 7.1 All members will have due regard to and operate within the Constitution of the ICB, Standing Orders, standing financial instructions and Scheme of Delegation.
- 7.2 Members must demonstrably consider the equality and diversity implications of decisions they make and consider whether any new resource allocation achieves positive change around inclusion, equality and diversity.

- 7.3 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.
- 7.4 The Committee shall agree an Annual Work Plan with the ICB Board.
- 7.5 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Committee.
- 7.6 Any resulting changes to the terms of reference shall be submitted for approval by the ICB Board.

**7.7 Behaviours and practice all members will demonstrate (TBC)**

- Act across the Leeds health and care system in line with Nolan's Seven Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty, Leadership.
- Act in the best interests of the population of Leeds.
- Resolve differences between members and present a united front in the best interests of the people of Leeds.
- Openness and transparency in discussions.
- Hold each other to account.
- Offer constructive challenge to improve service delivery and ensure financial balance.
- Openness and transparency in decision making, being explicit of when not agreeing/supporting a decision.
- Undertake the necessary discussions within their own organisations prior to the group meeting in order to make decisions within the meeting.

**8. Equality**

- 8.1 The group shall have due regard to equality in all its activities and shall take steps to demonstrate it has consulted with communities appropriately in its decisions.

## SCHEDULE 4

### Dispute Resolution Procedure

#### 1. Avoiding and Solving Disputes

- 1.1 The Partners commit to working cooperatively to identify and resolve issues to the Partners' mutual satisfaction so as to avoid all forms of dispute or conflict in performing their obligations under this MoU. Accordingly the Partners will look to collaborate and resolve differences under Clause 8 (*Problem Resolution and Escalation*) of this MoU prior to commencing this procedure.
- 1.2 The Partners believe that by focusing on their agreed Objectives and Principles they are reinforcing their commitment to avoiding disputes and conflicts arising out of or in connection with the Partnership arrangements set out in this MoU.
- 1.3 The Partners shall promptly notify each other of any dispute or claim or any potential dispute or claim in relation to this MoU or the operation of the Partnership (each a '**Dispute**') when it arises.
- 1.4 In the first instance the relevant Partners' representatives shall meet with the aim of resolving the Dispute to the mutual satisfaction of the relevant Partners. If the Dispute cannot be resolved by the relevant Partners' representatives within 10 Operational Days of the Dispute being referred to them, the Dispute shall be referred to senior officers of the relevant Partners, such senior officers not to have had direct day-to-day involvement in the matter and having the authority to settle the Dispute. The senior officers shall deal proactively with any Dispute on a Best for Leeds basis in accordance with this MoU so as to seek to reach a unanimous decision.
- 1.5 The Partners agree that the senior officers may, on a Best for Leeds basis, determine whatever action it believes is necessary including the following:
  - 1.5.1 If the senior officers cannot resolve a Dispute, they may agree by consensus to select an independent facilitator to assist with resolving the Dispute; and
  - 1.5.2 The independent facilitator shall:
    - (i) be provided with any information he or she requests about the Dispute;
    - (ii) assist the senior officers to work towards a consensus decision in respect of the Dispute;
    - (iii) regulate his or her own procedure;

- (iv) determine the number of facilitated discussions, provided that there will be not less than three and not more than six facilitated discussions, which must take place within 20 Operational Days of the independent facilitator being appointed; and
- (v) have its costs and disbursements met by the Partners in Dispute equally.

1.5.3 If the independent facilitator cannot resolve the Dispute, the Dispute must be considered afresh in accordance with this Schedule 5 and only after such further consideration again fails to resolve the Dispute, the Partners may agree to:

- (i) terminate this MoU in accordance with Clause 16.1.1; or
- (ii) agree that the Dispute need not be resolved.

**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (21)**

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**Title: Quality Strategy Six Monthly Update Report**

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**Category of paper: For information and assurance**  
**History: Quality Committee**

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**Responsible director: Executive Director of Nursing and Allied Health Professionals**  
**Report author: Head of Clinical Governance**

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## Executive summary

### Purpose of the report

The purpose of this report is to provide an update to Board on the Leeds Community Healthcare NHS Trust (LCH) Quality Strategy.

The LCH Quality Strategy was approved by the Trust Board in July 2021. This report provides an update on the achievement of the priorities and includes progress for the first ten months of the strategy.

### Main points

Progress has been initiated in the implementation the Quality Strategy Priorities.

The Year One objective for priority one, **Learning**, has been achieved. Good progress has been made against priorities two and four, the **Patient Safety Strategy** and **Working at PLACE across Leeds**, although the Year One objectives are complete in principle additional work will continue to strengthen the objective achievement. There is a need for additional planning work for priority three, **Focus on equity in quality and safety**, and work is actively continuing.

The report includes the updates from January 2022 and then progress to May 2022. Due to the requirement for clinical and corporate teams to mobilise to support the COVID – 19 pandemic response, there has been less progress from January 2022 to May 2022 in some areas.

### Recommendations

Note the content of this report and the progress in the first six months of the Quality Strategy.

To approve the operational plan for years one to three as articulated in Appendix A.

Provide any assessed check and challenge to the progress and assessment of progress to date.

## Quality Strategy – Six Month Update

### 1 Introduction

The Quality Strategy provides a framework for the next three years to achieve high quality care that is focussed on national and local drivers.

Board approved the three-year strategy in July 2021. Six monthly updates will be provided to Quality Committee and Board to share progress against the priorities.

Due to a change in the frequency of the report from January/July to May/November, this is the second update and covers the first ten months and includes an operational plan to evidence the timeline to completion. It also provides an update on progress towards completion of the year one priorities.

The focus of the update reports will relate to the year one to three stages during those given years, as articulated in the priority update below (Section three and Appendix A). However, work will be evidenced against future years where it has been completed.

### 2 Background

Leeds Community Healthcare NHS Trust (LCH) has a commitment to providing high quality care and reducing health inequalities within our communities. The Trust aims to innovate, build and standardise in order to deliver high quality, safe and effective care that provides patients, families and carers with the best patient experience.

The LCH Quality Strategy was developed from the key national and local drivers for high quality care. It was also developed with our staff and patients in mind. Engagement was completed in the development of the strategy to understand what quality means to us, and how that can then be translated to underpin the national and local direction for high quality care.

The Quality Priorities were written to be achieved over the three years of the strategy. Each associated priority statement builds on the previous statement for a cumulative annual review. However, work can be initiated on each of the statements to ensure a comprehensive approach to achieve of the strategy.

### 3 Current position

A summary of progress is included in the below table (Appendix A).

Priority One – Learning.

The year one objective for priority one has been achieved and work continues for the year two and three objectives.

Priority Two and Four – The Patient Safety Strategy and Working across the Place of Leeds.

Good progress has been made against priorities two and four. The implementation of these priorities has seen significant progress in the first ten months of the Quality Strategy.

There has been rapid review and development of our systems to support the implementation of the Patient Safety Strategy and relationships at PLACE have been developed.

There have been extensions to the national timetable for implementation of the Patient Safety Strategy and an associated delay in releasing the information required to progress locally. This has meant that although the year one objectives for priorities two and four are complete in principle, this work can be strengthened and will continue throughout the term of the Quality Strategy, updates will be provided through this report.

#### Priorities Three - Focus on Equity in Quality and Safety

There has been greater focus on scoping and planning for priority three as there are technical system requirements needed to support achievement.

Progress has been made and the Clinical Governance Team is pro-actively working with Business Intelligence and the Health Equity Lead to ensure equity can be considered within our quality and safety reporting. There is a risk that the year one objective to **embed** equity in proactive approaches to quality may not be achieved within the first twelve months of the Quality Strategy.

## **4.0 Conclusion**

Progress towards successful implementation of the Quality Strategy has been initiated. This is stronger in priorities one, two and four as these priorities relate to national drivers. Work to achieve priority three is ongoing and there is a risk this may not be achieved in timescale.

## **5.0 Recommendations**

Board is recommended to:

Note the content of this report and the progress in the first ten months of the Quality Strategy.

Provide any assessed check and challenge to the progress and assessment of progress to date.

## Appendix A - Our Quality Priorities for 2021 to 2024

<b>1. Learning:</b> In LCH we are proud of our open, learning culture. When we identify learning, we share it, develop local action plans and ensure we are continually improving our services in response. Over the next three years we will strengthen our approach to learning to ensure it is even more effective and responsive and is utilised on a much wider scale to improve our services		
Year	Priority Objective	Progress July 2021 to May 2022
Year One	We will develop a repository of learning to secure the organisational memory.	<p><b>January 2022:</b> A brand has been created and agreed at Quality Assurance and Improvement Group to identify learning. This is LCHLearns.</p> <p>A central location has been agreed for the repository within the Making Stuff Better intranet (Appendix B) that will be replicated on the Clinical Governance intranet page. The Library and the Communications Team are supporting the development of the page.</p> <p>The aim being that there will be an easily accessible resource, where staff know they can access organisational learning, and we will have a place to save our organisational memory of learning.</p> <p><b>May 2022:</b> Work continued with the Communications Team, the Library and the Clinical Governance Team and the intranet page is now live. <b>Completed.</b></p>
Year Two	We will work to ensure that all learning within the organisation is known and effectively captured to be able to share across the organisation and with partners.	<p><b>January 2022:</b> This has been initiated as existing learning and existing methods of sharing learning are being scoped. The evidence of learning has been requested, for example, learning newsletters from the Neighbourhood Teams, and will be recorded in the LCHLearns repository.</p> <p><b>May 2022:</b> A catalogue of learning posters, newsletters and other learning materials have been secured and uploaded to the LCHLearns intranet page.</p>
Year Three	We will share and disseminate learning in a way that reaches the greatest number of colleagues,	<p><b>January 2022:</b> Assessment of how we will achieve this has been initiated with meeting with the Communications Team. There is consideration of external and internal sources of dissemination to reach a wider audience and to also evidence that LCH is a learning and caring organisation to our patients and users.</p>

<b>1. Learning:</b> In LCH we are proud of our open, learning culture. When we identify learning, we share it, develop local action plans and ensure we are continually improving our services in response. Over the next three years we will strengthen our approach to learning to ensure it is even more effective and responsive and is utilised on a much wider scale to improve our services		
Year	Priority Objective	Progress July 2021 to May 2022
	teams and partners in the timeliest way possible.	<b>May 2022:</b> A meeting is planned with the Quality Improvement Team to consider a quarterly QPD newsletter that would include key learning.  Advice is being sought regarding how teams wish to be engaged with from the leads of the ABU Neighbourhood Transformation Project.
<b>Years One to Three</b>	We will develop and support methods to embed learning in practice and provide assurance that learning has been implemented and embedded where appropriate.	All Serious Incident and Internal Concise action plans completed from December 2021 will include a final audit action to ensure learning has been embedded at 3-6 months. The audit cycle will then support further evidence or address areas to strengthen where required.

<b>2. Patient Safety Strategy:</b> We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:		
Year	Priority Objective	Progress July 2021 to May 2022
<b>Year One</b>	We will investigate less and learn more with a focus on meaningful investigations that achieve insight and understanding of patient safety incidents to inform learning and improve practice.	<b>January 2022:</b> We have initiated and are embedding the ethos from the Patient Safety Strategy (PSS) to investigate less and learn more.  LCH have adopted the themes from the PSS to only progress to serious incident investigation when there is learning to identify.

<b>2. Patient Safety Strategy:</b> We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:		
Year	Priority Objective	Progress July 2021 to May 2022
		<p>The incident to serious incident process has been reviewed and key changes made to streamline the process.</p> <ul style="list-style-type: none"> <li>- The Rapid Review has been enhanced to encourage teams to provide as much information at the start of the process as possible, including the memory capture of colleagues involved. This has resulted in early learning and fewer incidents progressing to serious incident.</li> <li>- To ensure the investigations are reviewed by the right people at the right time, panel meetings have been introduced to set out the terms of reference for the investigation, to review progress at 25 days with a plan to introduce an action planning meeting that will ensure the actions do gain the most learning.</li> </ul> <p>We have implemented guidance on which of our unstageable pressure ulcers should progress to serious incident. This resulted from a review of previous investigations where unstageable pressure ulcers that were actually low harm had been reviewed as serious incidents. This change has been audited and an evidenced reduction shared with Quality Committee previously.</p> <p>We have adopted new ways of investigating and included incident walkthroughs and summary reports where this is felt to achieve the greatest learning. We are continuing to review additional methods of investigation and report out.</p> <p><b>May 2022:</b> We have followed a programme of continual improvement in our rapid review process, this has included update of our Rapid Review Templates to ensure we have more information available initially to ensure the most appropriate decisions are made to support the most amount of learning.</p>

<b>2. Patient Safety Strategy:</b> We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:		
Year	Priority Objective	Progress July 2021 to May 2022
		<p>A Task and Finish Group has been started to assess the incident review methods suggested by NHS England.</p> <p>A meeting is planned with HR to discuss the inclusion of Just Culture Framework in HR processes</p> <p>A remodel of Datix has been initiated to support more efficient and effective use of incident reporting that will include cross reference to the Patient Safety Strategy to ensure the new version meets the needs of LCH whilst aligning to the Strategy as much as possible.</p> <p>The National timescale for release of key information to implement the Patient Safety Strategy will delay full completion of this action by July 2022, however LCH has adopted the core principles of investigating less learning more. <b>Complete in principle, to continue to provide evidence.</b></p>
<b>Year One – Three</b>	We will involve patients, and their family and carers where appropriate, in our investigations to ensure their experience of our care is understood and fully informs the investigation, learning and improvements.	<p><b>January 2022:</b> LCH has an established approach to Duty of Candour that offers patients and families the opportunity to be involved in the review and investigation process of any incident. This approach is being strengthened and a patient leaflet has been produced to be shared when an incident is identified (Appendix C). This is also available in an easy read format and has been written in plain English.</p> <p>We have tested a process of greater involvement with a serious incident investigation and invited the patient's family to review draft and final copy serious incident reports. Their feedback was included into the final version to ensure a holistic review of the patient's care was evidenced in the report. The family kindly provided feedback on how the process had felt for LCH to adopt into future reviews.</p>

<b>2. Patient Safety Strategy:</b> We have always had a strong approach to patient safety and investigation to ensure we use every opportunity to improve practice. We have started to align the way we manage patient safety incidents to the Patient Safety Strategy that was published in 2019. We have aligned this Priority to the continued implementation of the requirements of the National Patient Safety Strategy:		
Year	Priority Objective	Progress July 2021 to May 2022
		<p>The national Patient Safety Strategy requires that we have Patient Safety Partners to inform and influence our approach to patient safety. We have Board approval to progress recruitment and are working with partners to understand how we ensure involvement is truly representative of our communities.</p> <p><b>May 2022:</b> The Patient Safety Partners Policy has been developed and will be shared with SMT to discuss the options for remuneration and contracting for the Partners.</p> <p>A potential Partner has been identified.</p>
<b>Year One - Three</b>	We will involve colleagues in our investigations to ensure their experience of care delivery is understood and fully informs the investigation, learning and improvements and ensure all colleagues are offered support.	<p>We are moving towards greater staff involvement in the investigations.</p> <p>To ensure our colleagues feel empowered to be involved in our investigations we have developed a staff involvement leaflet (Appendix D) that has been shared with teams.</p> <p>We have delivered training to our core Rapid Review panel to ensure the focus of our review is a Systems Thinking and Human Factors approach with an emphasis of Just Culture to reduce any risk of our colleagues' experiencing feelings of second victim. The aim is to shift the focus away from how a given individual provided care to understanding how the wider system impacted on that care delivery, evidence suggests this reaps the greatest learning.</p>



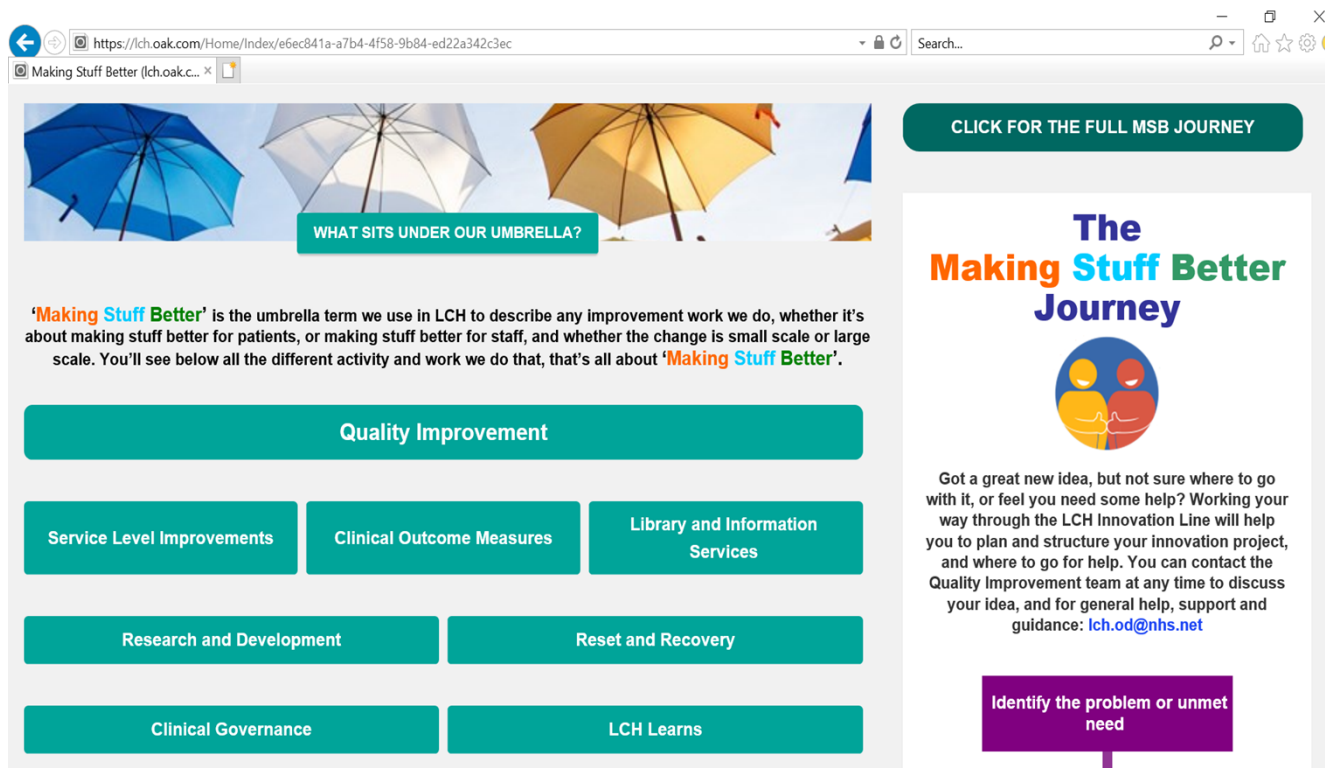
<b>3. Focus on equity in quality and safety:</b> In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.		
Year	Priority Objective	Progress July 2021 to May 2022
Year One	We will embed equity in proactive approaches to quality, including research, evidence-based guidance and outcomes	<p><b>January 2022:</b> We have initiated conversations internally, with the People's Voice Group, and Forum Central to understand how we achieve equity of representation in our patient involvement and for our Patient Safety Partners.</p> <p>The implementation of the new combined Equity and Quality Impact Assessment process has been completed and is now in use. This included a series of dedicated equity training workshops to ensure our teams had appropriate competency to develop the equity element of the EQIA in addition to the overarching training for the process.</p> <p>The communication template update as part of the Accessible Information Standard implementation is live in SystmOne. This is mandatory and will enable us to understand, flag and share people's communication needs and put actions in place to address those needs. By doing this, we will improve access, experience and outcomes for people with additional communication needs. Other clinical systems will follow.</p> <p>Concordance with the communication template will be measured via reporting in the Performance Information Portal.</p> <p>The Patient Experience Team are supporting services across the organisation to implement the Standards and consider easy read options and support communication in different languages. Our CAMHS Team have developed easy read literature to support their neuro-developmental assessments.</p> <p>There are resources available organisationally to support services develop accessible literature and posters and to support communication through interpretation services and resources.</p>

<b>3. Focus on equity in quality and safety:</b> In LCH, we recognise that there are unfair and avoidable differences in the health of different groups and communities, and have developed an overarching Health Equity Strategy to articulate our commitment to reducing those areas of inequity. We will ensure our Quality Strategy supports this work through a focus on health equity to reduce and address inequity.		
Year	Priority Objective	Progress July 2021 to May 2022
		<p>A visual action plan that is sent out after an appointment has been added to SystmOne and is now being used.</p> <p>Easy read clinical outcomes measures can now be found on the external website for use.</p> <p><b>May 2022:</b> The Clinical Governance Team Quality Leads are actively working with the Performance Team and the Health Equity Lead to introduce equity into the Business Unit Governance reports.</p>
<b>Year Two</b>	We will review incidents and patient experience to understand any inequalities affecting communities or communities we are not hearing from and act to address these.	<p><b>January 2022:</b> We have introduced a health equity section in the monthly Quality Lead Business Unit reports that are reported in to QAIG quarterly. We are currently using data extracted from Datix for ethnicity and age.</p> <p>The data gives an indication of equity but is not considered to be fully accurate due to the reporting mechanisms in Datix. We are working with the Business Intelligence Team to prepare a dataset that uses the Datix patient safety and feedback data together with SystmOne data and reports accurately by ethnicity, age, and locality.</p> <p><b>May 2022:</b> Please see Year One.</p>
<b>Year Three</b>	We will embed equity as part of our Quality Challenge+ Programme.	<p>When the health equity patient safety incident and feedback data has been established, this can be included in the Quality Challenge information pack.</p> <p>Consideration will be given to how equity can be considered in a meaningful way in the Quality Challenge Plus process and planning.</p>

<b>4. We will work across the PLACE of Leeds as a full partner to develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city:</b> As a key partner in the development of the local Integrated Care Partnership, LCH is part of the plan that focuses collaboration and partnership working. Patients and communities are at the centre of what we aim to achieve as a wider health economy across Leeds. By working together we will maximise the health and care outcomes for our populations		
Year	Priority Objective	Progress July 2021 to May 2022
<b>Year One</b>	We will work with partners in patient safety across the city to consider joint responses to patient safety initiatives and develop collaborative approaches to safe, effective care.	<p><b>January 2022:</b> A citywide Patient Safety Working Group has been established to share progress and ideas in the implementation of the national strategy. The group aims to have a consistent approach to the delivery of the strategy to ensure patients' experience of patient safety is seamless across the PLACE.</p> <p>Early discussions have taken place with the CCG to discuss the future of Datix and the Learning From Patient Safety Events (LFPSE) system at PLACE level.</p> <p>This element of the work will continue into Year Three and beyond due to the complexity of the requirement.</p> <p><b>May 2022:</b> Discussions are to be escalated via the Integrated Care System to support a standardised approach including consideration of how the Patient Safety Partners are secured by organisations across the Place of Leeds.</p> <p>New pathways have been developed in partnership with secondary care to support reductions in incidents for discharge related falls, meatal tears and venous thromboembolism. <b>Complete in principle, to continue to provide evidence.</b></p>
<b>Year Two</b>	We will develop strategies to share learning across the city to maximise the impact of our quality improvement work and ensure our patients benefit from quality improvements and learning from across Leeds.	We have initiated discussion with the Communication Team and our Third Sector colleagues to understand how we best share learning externally, initial thoughts are via social media with our partners supporting a wider reach by retweet for example.

<b>4. We will work across the PLACE of Leeds as a full partner to develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city:</b> As a key partner in the development of the local Integrated Care Partnership, LCH is part of the plan that focuses collaboration and partnership working. Patients and communities are at the centre of what we aim to achieve as a wider health economy across Leeds. By working together we will maximise the health and care outcomes for our populations		
<b>Year</b>	<b>Priority Objective</b>	<b>Progress July 2021 to May 2022</b>
<b>Year Three</b>	We will ensure there is a focus on equity in our approach to patient experience, patient safety and clinical effectiveness.	As we progress priority three, we will consider how this objective can be evidenced.

## Appendix B – The Making Stuff Better Intranet with LCH Learns page



## Responding to patient safety incidents



Information for patients and families

## Responding to Patient Safety Incidents

Every day more than a million people are treated safely in the NHS. Occasionally, things go wrong, or an unexpected event occurs. These are known as patient safety incidents.

A patient safety incident is any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare.

These can range from incidents which cause no harm e.g. a missed visit, to rarer incidents which cause moderate harm e.g. a delay in diagnosis leading to irreversible progression of a disease.

Patient Safety Incidents can also include 'near misses' where an issue was spotted prior to an incident occurring. A near miss could be an error on a prescription chart which is spotted by a pharmacist prior to dispensing the medication for example.

In almost all cases, incidents occur because of problems in the systems people work in and not because individuals meant to cause any harm. However, if an incident was potentially caused by a deliberate act of harm, this would be investigated and managed through a separate process. In the NHS it is important that we learn lessons from patient safety incidents, so that we can try and prevent them from re-occurring.

Leeds Community Healthcare (LCH) NHS Trust has developed a Patient Safety Incident Response Plan (PSIRP) or Safety Plan in agreement with Leeds Clinical Commissioning Group (CCG), and Healthwatch. A copy of this can be found on our website.

The PSIRP supports us to identify our most significant patient safety risks and focus on these risks to ensure they are fully investigated according to Patient Safety Investigation Standards. Our PSIRP also describes how we plan to respond to other incidents by using a range of techniques to generate insight where required.

Investigations completed under the PSIRF are undertaken to identify underlying system causes and the actions that need to be taken to prevent the issues from reoccurring. They do not seek to apportion fault or blame.

## How will I know if a patient safety incident has occurred?

LCH will always be open and honest about as **Duty of Candour**. If it is believed that caused you harm, you will be told about the circumstances of the incident will be be put in writing to you shortly after the

### **What if I think something has**

Please tell the team caring for you treatment that may be required. A family, reported and reviewed according to the recurrence of the same or similar incident.



incidents that have occurred. In the NHS, this is known something has gone wrong during your care that has this immediately. You will also receive an apology and explained to you. The details of this conversation will event.

### **gone wrong or a patient safety incident has occurred?**

immediately, so they can look into what happened and provide any immediate friend or carer can do this on your behalf if this would be helpful. The incident will be Safety Plan to enable the organisation to learn and improve care and reduce a



### **What happens if I have been harmed?**

Caring for you is our priority and staff will take immediate action to ensure no further harm occurs and any additional care and support needs you have are identified and acted upon.

You will always be given the facts about the incident that occurred and be provided with an apology. The findings from any review that is undertaken will be shared with you, if you wish them to be.

### **What if I am not happy with the information I receive and/or the response that is taken?**



Please raise any concerns with a member of the team caring for you in the first instance so your concerns can be addressed. If you are not satisfied with the response from the team caring for you, you should contact the **LCH Patient Experience and Engagement Team on 0113 220 8585**.

## What happens if someone has

The death of someone, even if expected, can be a leaflet '[When someone dies: Information for Palliative Care Network website.](#)

Dedicated support and information about how to you by your dedicated contact. This will be

## What can I expect if I am involved

As soon as a decision is made to start a Patient Investigation related to an incident that affects you will be your dedicated point of contact and will provide their contact details to you at this involved and supported in the process. You can you don't feel able to. We will also do all we can

We are committed to supporting and involving Safety Investigation Standards which are receive a copy of these standards and your helpful.

During the investigation we will ask you to help in several ways. This includes:

- Telling us about any issues or concerns you have about the care and treatment provided.
- Sharing questions you would like answered.



## died?

very distressing and difficult time for family, carers and loved ones. Our information [families and carers following a recent bereavement](#) is available on the Leeds

we review and investigate the care provided to those who have died will be provided reflective of your wishes and addressed sensitively.

## in a Patient Safety Incident Investigation?

Safety Incident

you, a member of LCH staff will be in touch to let you know. The person that contacts will be trained and experienced in undertaking investigations. Your dedicated contact point. They will find a time and place to talk to you about how you want to be ask a friend or family member to join you for support or to speak on your behalf if to support you.

patients and families to the extent they wish, and in accordance with national Patient available here. If you are involved in a Patient Safety Incident Investigation you will dedicated contact will be able to discuss them with you, if you would find that

- Describing your experience and giving your account of what happened to help us establish the facts about the incident and how it happened.
- Reviewing the draft patient safety investigation report.
- Helping to inform recommendations and action for improvement.
- Keeping us up to date with how you are feeling and whether there is anything we can do to support you.
- Providing feedback about your experience of the Patient Safety Incident Investigation process.

We will work with you, sensitively and appropriately, to understand how we can support your involvement in each of these areas, if you are happy to be involved in this way. You may feel you need support from an independent advocacy service; this will be discussed with you.

Patient Safety Incident Investigations take time to will share proposed timeframes with you and often you would like to be contacted and how.

Once the investigation is complete, we will send with you.



complete well. We endeavour to complete all investigations within 3-6 months. We keep you updated throughout the investigation process. We will agree in advance how

you the draft patient safety investigation report and arrange a meeting to discuss this



All reports will be anonymised unless you specifically ask us to include your name, or the name of your friend or family member if the investigation relates to an incident that involved them. You can help us to decide how to refer to you, or your friend or family member, if you would prefer the patient safety investigation report to be written anonymously.

To support the purpose of learning and improvement and avoid any inappropriate blame staff will remain anonymous in the final patient safety investigation report.

Once the patient safety investigation report is completed it will receive a final sign off by the LCH Board. Some actions may need to begin immediately, however, where the findings from additional investigations will help our organisation to understand and tackle similar risks, we will wait until all findings can be considered before developing and implementing an improvement plan. This will be shared and discussed with you.



We will continue to monitor improvement plans to determine whether the changes we are making are reducing risk and improving patient safety. We will continue to keep you updated with the progress being made for as long as you wish.

At the end of the we support and questionnaire in

feedback - more than one questionnaire



investigation process we would appreciate your feedback so we can improve the way involve patients and families. Your dedicated contact will provide a feedback a format which is most suitable for you. All family members are welcome to give can be completed if needed and this information will be collected anonymously.

## Useful contact details

### 4 LCH Patient Experience Team

Freepost - RSSB-HRZJ-SJZR  
Stockdale House, First Floor  
Headingley Park  
8 Victoria Road  
Leeds LS6 1PF

Tel: 0113 220 8585 (Mon-Fri, 9.30am - 4.30pm)

Email: [lch.pet@nhs.net](mailto:lch.pet@nhs.net)

## 5 Advonet

Advonet can provide confidential, free and independent support and advice to Leeds residents. You can find more information about them at <https://advonet.org.uk/how-we-can-help-you/ouradvocacy-services/independent-health-complaints-advocacy/>

Tel: 0113 244 0606

## 6 Action against Medical Accidents (AvMA)

A national charity whose purpose is to support people affected by avoidable harm in healthcare; to help them achieve justice; and to promote better patient safety for all.

<https://www.avma.org.uk/help-advice/> Tel: 0845 123 2352 (Mon-Fri, 10am - 3.30pm)

## Help us get it right

If you have a complaint, concern, comment or compliment please let us know by speaking to a member of our staff. We learn from your feedback and use the information to improve and develop our services.

If you would like to talk to someone outside the service contact the **Patient Experience Team** on **0113 220 8585**, Monday to Friday 9.30am to 4.30pm or email [ich.pet@nhs.net](mailto:ich.pet@nhs.net) We can make this information available in Braille, large print, audio or other languages on request.

[www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)

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## Appendix D Staff Involvement Leaflet



# Responding to patient safety incidents



## Guidance for staff

### Responding to Patient Safety Incidents

Every day more than a million people are treated safely in the NHS. Occasionally, things go wrong, or an unexpected event occurs. These are known as Patient Safety Incidents.

A Patient Safety Incident is any unintended or unexpected incident which could have, or did, lead to harm for one or more patients receiving healthcare.

These can range from incidents which cause no harm e.g. a missed visit, to rarer incidents which cause moderate harm e.g. a delay in diagnosis leading to irreversible progression of a disease.

Patient Safety Incidents can also include 'near misses' where an issue was spotted prior to an incident occurring. A near miss could be an error on a prescription chart which is spotted by a pharmacist prior to dispensing the medication, for example.

In almost all cases, incidents occur because of problems in the systems people work in and not because individuals intended to cause any harm. In the NHS it is important that we learn lessons from Patient Safety Incidents, so that we can try and prevent them from reoccurring.

Leeds Community Healthcare (LCH) NHS Trust has developed a Patient Safety Incident Response Plan (PSIRP) in agreement with Leeds Clinical Commissioning Group (CCG), and Healthwatch. A copy of this can be found on our website.

The PSIRP supports us to identify our most significant patient safety risks and focus on these risks to ensure they are fully investigated according to Patient Safety Investigation Standards. Our PSIRP also describes how we plan to respond to other incidents by using a range of techniques to generate insight where required.

Investigations completed under the PSIRF are undertaken to identify underlying system causes and the actions that need to be taken to prevent the issues from reoccurring. They do not seek to apportion fault or blame.

### **What if you think something has gone wrong or a Patient Safety Incident has occurred?**

Your first priority is to ensure the patient is safe and is not at risk of further harm. Please speak with your line manager or a senior colleague for support and guidance on actions to take to if you are unsure. It is also important that you seek support for your own wellbeing if needed.

Patient Safety Incidents, and near miss incidents must be reported on the Datix® system as soon as practicably possible after you have discovered the incident. The incident will then be reviewed and dealt with according to the PSIRP.



 **Datix**®

patient is safe and is not at risk of further harm. Please speak with your line manager or a senior colleague for support and guidance on actions to take to if you are unsure. It is also important that you seek support for your own wellbeing if needed.

miss incidents must be reported on the Datix® system as soon as practicably possible after you have discovered the incident. The incident will then be reviewed and dealt with according to the PSIRP.

## 7 Duty of Candour



LCH expects all staff to always be open and honest about incidents that have occurred. In the NHS, this is known as [Duty of Candour](#). If it is believed that something has gone wrong during the delivery of our care that has caused a patient moderate or more severe harm, you must inform the patient about this immediately. In line with Duty of Candour you will also need to provide an apology and explain the circumstances of the incident. A written letter containing the details of this conversation must be put in writing and sent to the patient within 10 days of the conversation.

For more information please refer to PL245 the [Duty of Candour Policy](#) which can be found on the intranet.

### What can I expect if I am involved in a Patient Safety Incident?

It is normal for any healthcare professional involved in a Patient Safety Incident to experience significant impact, both personally and professionally. For many people, being involved in a patient safety incident is an intensely emotional time. Feelings of distress, self-doubt and fear are common and may persist long after the original incident. These may be accompanied by physical symptoms, such as sleep disturbance, or difficulty concentrating. For some individuals, involvement in a patient safety incident contributes to the development of mental health issues, including depression, anxiety and post-traumatic stress disorder.

Involvement in a patient safety incident can also affect your professional confidence and some people may make defensive changes to their practice, such as avoiding similar patients.

In LCH we recognise this and aim to offer you the support you require in these difficult circumstances. The impact of patient safety incidents can affect everyone very differently. The range of emotional experiences is very valid and unique to each individual. (See the [LCH Your Health and Wellbeing](#) support offer available to you on the intranet).



## What should I do if I identify a moderate or more severe harm Patient Safety Incident?

- Report the incident on Datix as soon as practicably possible.
- Write down your recall of events in relation to the incident. This will support a Rapid Review Report.



As soon as a patient safety incident occurs report needs to be completed by Day 7. other staff involved in the patients care also be asked to recall their events of their more accurate within the first 72 hours of organisational learning.

The Rapid Review Report will be discussed to the nature of the incident (e.g. Investigation your line manager will be in

During the investigation we will ask for your

- Sharing the care and treatment you
- Sharing any issues or concerns you have
- Describing your experience and giving your account of what happened to help us establish the facts about the incident and how it happened. This includes consideration of 'contributory factors' i.e. what else was happening on the day, what happened to lead up to the incident, the context of the care etc.
- Reviewing the draft investigation report.
- Helping to inform recommendations and action for improvement.
- Keeping us up to date with how you are feeling and whether there is more we can do to support you.
- Providing feedback about your experience of the Patient Safety Incident Investigation process.

We will work with you to understand how we can support your involvement in each of these areas. You may feel you need additional support and this will also be discussed with you.

Patient Safety Incident Investigation takes time to complete well. We endeavour to complete all investigations within 3-6 months. We will share proposed timeframes with you and keep you updated throughout the investigation process. We can agree in advance how often you would like to be contacted and how.

Once the investigation is complete, we will send you the draft report for you to check the accuracy and provide any feedback to improve the report.



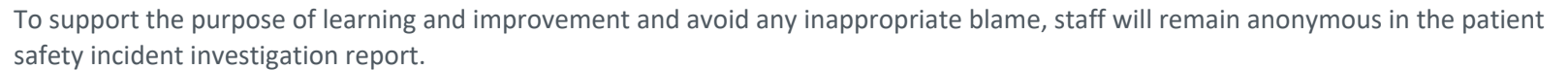
which has resulted in moderate or more severe harm to a patient, a rapid review This needs to include a record of your recall of events in relation to the incident. Any around the time of the incident, or contributing to events around the incident, will involvement. There is a wealth of literature evidencing that recall of events is much an event, therefore the sooner you can record your recall, the better for

by a panel including a Business Unit Quality Lead and specialist reviewers appropriate Safeguarding, Tissue Viability). If a decision is made to start a Patient Safety Incident touch to let you know (if you didn't attend the review meeting in person).

input in several ways. This includes:

provided that was great care.

about the care and treatment you were able to provide.



Once the report is finished it will be signed off by the LCH Board. Some actions to reduce future risk may need to begin immediately, however, where the findings from other investigations will help our organisation to understand and tackle similar risks, we will wait until all findings can be considered before developing and implementing an improvement plan. This will be shared and discussed with you.

We will continue to monitor improvement plans to determine whether the changes we are making are actively reducing risk and improving patient safety. This will be overseen by LCH Board. We will continue to keep you updated with the progress being made as long as you wish.

At the end of the investigation process we offer our staff. You will be offered a feedback session. We prefer to provide your feedback in a different way than someone outside of the process.

## A teal-colored icon representing a notepad and pencil. The notepad is shown as a speech bubble shape with a tail pointing downwards, containing six horizontal lines for text. A pencil is positioned vertically to the right of the notepad, with its eraser at the top and its tip pointing downwards.

- **LCH Patient Safety Team:** [information](#)
- **Organisational Development Team:**
- **Employee Assistance Programme:** A 24-support you through any of life's issues or [here](#)

would appreciate your feedback so we can improve the way we support and involve  
questionnaire from which all information will be collected anonymously. If you  
way we can support you to do this, for example through a conversation with

[available on our intranet page here](#)

**information available on our intranet page here**

hour helpline delivered by our partners, Health Assured, to problems: [information available here on our intranet page](#)

**We can make this information available in Braille, large print, audio or other languages on request.**

**[www.leedscommunityhealthcare.nhs.uk](http://www.leedscommunityhealthcare.nhs.uk)**

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**Board meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (22)**

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**Title: Trust Priorities 2021/22 – Q4 Update**

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**Category of paper: For Assurance**

**History: SMT 6 April 2022, Quality Committee 25 April 2022, Business  
Committee 27 April 2022**

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**Responsible director: Executive Director of Nursing and Allied Health  
Professionals and Executive Director of Finance and Resources**  
**Report author: Business & Planning Manager and Clinical Governance  
Manager**

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## **Executive summary**

This report provides a progress update against the Trust priorities at the end of Q4 2021/2022.

Our five Trust priorities were agreed by SMT to drive achievement of the Trust's four strategic goals and support delivery of system priorities. These Trust priorities were developed during our response to the international COVID 19 pandemic that has been a major focus of our work during 2020/2021 and to date.

At the end of quarter four, progress has been made against all five priorities as LCH continues to support its staff, patients and the wider health and care system in Leeds and West Yorkshire and manage the impact of the ongoing pandemic. This is an amazing achievement considering the pandemic and continued extreme pressure across the health and care system.

The five Trust priorities are:

- Priority 1 - Build our services back better.
- Priority 2 - Play a full part in #TeamLeeds' ongoing response to Covid-19, standing ready for further surges, supporting the vaccination programme, supporting system resilience and patient flow.
- Priority 3 - Promote and support the health and wellbeing of our workforce.
- Priority 4 - Develop integrated provision with a stronger focus on prevention, self-management and pro-active care.
- Priority 5 - Work pro-actively across the organisation and with #TeamLeeds to understand and improve health equity.

## **Recommendations**

The Board is asked

- To agree that, in the most challenging of circumstances, staff have continued to go above and beyond during the ongoing pandemic, delivering high quality care to patients whilst delivering against the Trust priorities. They have significantly contributed to the Trust being a better provider of care, a better employer and a better partner.

## **Trust Priorities 2021/22 – Q4 Update**

### **1 Introduction**

This report provides a progress update against the Trust priorities at the end of Q4 2021/2022.

Our five Trust priorities were agreed by SMT to drive achievement of the Trust's four strategic goals and support delivery of system priorities. These Trust Priorities were developed during our response to the international COVID-19 pandemic that has been a major focus of our work during 2020/2021 and to date.

The last 2 years has seen an unprecedented change in how services have been delivered to meet the challenges of the COVID-19 pandemic. The Trust has fundamentally changed the way we work to maximise our ability to meet the evolving needs of our communities, and to optimise the health and wellbeing of our patients, families, carers and staff. The way we have innovated and developed our services to continue to deliver high quality care with a focus on improvement will continue into 2021/2022 and beyond.

The Trust priorities we have developed are underpinned by our learning and experience during 2020/2021. The Trust priorities also reflect our challenge to ourselves as we seek to continuously learn and improve on our approach to the provision of high quality care. Our aim being to drive the quality of our care delivery forward through the progress against those priorities.

There has been a qualitative focus on measuring the success of our Trust priorities this year and this has been included in this report wherever possible. We will demonstrate progress and success during 2021/2022 through the alignment with our overarching Trust Vision 'to provide the best possible care to every community we serve'. Taking a qualitative approach means we can capture how our priorities are making a difference where they matter most: in our communities.

At the end of quarter four, progress has been made against all five priorities as LCH continues to support its staff, patients and the wider health and care system in Leeds and West Yorkshire and manage the impact of the ongoing pandemic. This is an amazing achievement considering the pandemic and continued extreme pressure across the health and care system.

## 2 Priorities

The BCDS (Business Change and Development Service) have supported a number of projects throughout 2021/2022 to underpin the achievement of the Trust priorities. Some of which are explained in detail in the main body of this report. Appendix 1 contains a full overview of all the projects with a short progress update, RAG rating and end date. A number of projects will continue into the next financial year while others will end and be replaced with new pieces of work.

### 2.1 Priority 1 - Build our services back better

*Key focus 1: Reducing covid related backlogs as part of a wider programme of work to develop and embed standardised sustainable approaches to measuring, recording, reporting and managing waiting lists led by clinical assessment of need.*

#### **Improving Patient Flow and Prioritisation Programme (IPFP Programme)**

The aim of the programme was to ensure that all our services are doing the right things, at the right time, in the right ways to make sure that we look after the patients waiting for our care in a sustainable and safe way.

We have developed new predictive models that our services can use to visualise when their waiting list would reach a sustainable size. We have also supported teams to recruit new staff to help see more patients that are waiting, including using evening and weekend appointments in some services. Our next steps will be to focus on training and empowerment for operational services to use this more regularly and with confidence.

Work has continued to scope out the required changes to SystmOne to ensure that all services are using standardised approaches, but this work is still in its early stages. To support the learning for what design solutions would best meet organisational requirements, a series of workshops will take place during Q1 2022/2023 to explore the most suitable solutions. All other project areas remain on pause and conversations are ongoing regarding the future of this programme throughout the next financial year.

Backlogs remain in a number of services, and the position during Q4 has worsened in a number of services relating to many services. A full report is being provided for Business Committee giving up-to-date backlog positions including a summary of the ongoing financial and other support requested from Business Units.

*Key focus 2: Developing and embedding new ways of working that offer different means of accessing and experiencing our services dependent on need and suitability for the patient: Digital & Self-Management.*

The Digital Clinical Enablers Steering Group was established in April 2021 to drive forward the agenda around identifying, implementing and embedding digital clinical tools to improve both the patient and clinician experience alongside improvements to the city-wide system.

**Pathology/Radiology Requesting and Results (ICE)** – During 2021/2022, an ICE Pathology Toolkit was drafted to guide services through the process of using ICE to request and receive Pathology investigations electronically through SystmOne. The toolkit is on a MY LCH landing page along with comprehensive process maps, guides and links to training videos. ICE Pathology has been implemented for ICAN 2021/2022.

A joint LCH/LTHT OnBoarding Group has been initiated which is planning the roadmap for the implementation of ICE over the coming year. This includes Tier 3 Weight Management, Pilot at Seacroft Neighbourhood Team (NT), Cardiac and Respiratory planned for Q1 & Q2 of 2022/2023 and ICE Radiology planned for MSK and Podiatry in Q1 & Q2 of 2022/2023. The remaining Neighbourhood Teams will be scheduled once the review of the pilot at Seacroft is reviewed. A custom ICE Paediatric panel is also being planned by LTHT to assist requesting from the ICAN services. The Leeds Sexual Health (LSH) Anonymiser ICE Requirement is currently paused, and we are in discussion with LTHT around the implementation schedule. However, this has a dependency on the required upgrades to LabComm, ICE and LIMS in LTHT through 2022/2023. This aspect of ICE is now transferred from the LSH EPR Project into the Digital Clinical Enablers Steering Group.

The joint LCH/LTHT Point of Care Testing (PoCT) implementation is now planned to trial in Seacroft NT in Q1. If the results are assessed as successful, it will then be implemented across the NTs in Q2/Q3.

**Digital Dictation** - Digital Dictation has been implemented for ICAN and Gynaecology. CAMHS implementation is underway.

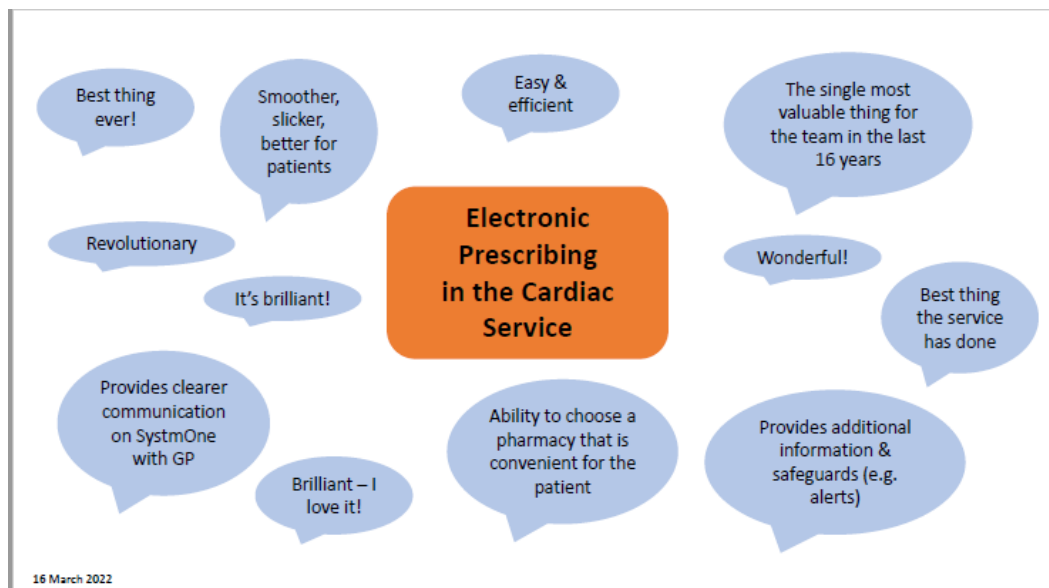
**Voice/Speech Recognition** – This has been stopped as a project and is now offered as part of using Outlook365 as a Business As Usual function.

**Electronic Prescribing (EPS)** - Building on the exploratory work undertaken by ICAN during 2020, a service e-Prescribing readiness and Principles checklist was created in 2021.

In 2021, EPS was fully implemented in ICAN and Cardiac. EPS was also implemented in Virtual Ward for Frailty in Seacroft NT and Palliative Care Team in March 2022. EPS for CAMHS is dependent on the CAMHS EPR moving to SystmOne and will form part of the CAMHS EPR Feasibility Study.



Please see below feedback from the Cardiac Service following a review of their Electronic Prescribing experience and journey.



**Self-Management** - The aims of the self-management project are:

- Enhance patient experience by providing greater choice, and timely information.
- Augment treatment options available to patients through the provision of self-management materials.
- Increase service delivery capacity through enabling appropriate self-management of conditions by patients.
- Improve waiting list management for services by increasing efficiency of patient flow from point of referral to treatment.

The learning management system has been procured. However, due to staff changes, the project has not progressed and we are awaiting guidance from the LTC board about how we move this forward in a sustainable and manageable way

## Digital Engagement and Inclusion

**Digital Access for Carers initiative** – this is an initiative that funded 20 Samsung tablets with Charitable Funds. The tablets, along with pre-loaded sim cards are being gifted to unpaid carers accessing LCH services to allow virtual access to services, appointments and healthcare information. To date, 20 tablets have been gifted to unpaid carers accessing LCH service including the Health and Homeless Inclusion Team, 0-19 PHINS Health Visiting, Community Neurology, CAMHS and Neighbourhood Teams, and a further 20 tablets and sim cards are being ordered.

The Patient Experience Team are gathering feedback around the impact of these devices and we are seeing just how valuable this equipment has been for people to access healthcare and keep in touch with loved ones during isolation.

*"I went to see a patient where a tablet was given to my patient, who is elderly, has no literacy and never used a mobile phone. When I arrived, she was facetimeing her brother in Ireland! She was so delighted, thought it was quite magical to be able to see and hear relatives she hasn't seen for years and has been so isolated due to Covid. As it is large, she has been able to access it much easier than a phone. Also, her son and carer has used to read messages and have GP appts and another brother has used it for his universal benefit claim, had been sanctioned previously for not engaging with the online process of looking for work and not wanting to get help at the job centre, So huge success!"* **Feedback from a colleague from the Health and Homeless Inclusion Team**

[Pauline's Feedback](#) - The Patient Experience Team were lucky enough to visit Pauline at home and listen to her tell us how the digital tablet that she received as part of the charity's digital inclusion for unpaid carer's project has made a difference to her life.

The MSK service ran a focus group with service users, to review the content and the layout of the new service website. The service user focus group worked with staff to ensure the website content was accessible, informative and aimed at the right level for people. They also gave feedback so the service could ensure the webpages are easy to navigate. Some of the content was also read through by the by a reader group made up of MSK service users and the final pages were reviewed by patient volunteers for any final feedback as well as members of the MSK staff.

*Key focus 3: Embedding use of Quality Impact Assessments to assess the impact of new ways of working / changes on health inequalities and ensure that mitigations are in place.*

The Equity and Quality Impact Assessment (EQIA) process continues to embed across the organisation. Business Units have developed internal governance processes to support the development and progression of EQIAs and work with the Clinical Governance Team Quality Leads during the process. EQIA panel meetings are held monthly with exception meetings arranged as required.

A local internal audit was completed in Quarter Four by the Clinical Governance Team that identified areas to strengthen in the post panel review stage. This included: ensuring all EQIAs receive at least one review by the panel prior to full sign off to business as usual, the aim being to assess any unintended consequences, and saving the pre panel EQIA in addition to the post panel EQIA with panel comments, to ensure the panels comments and requests and be audited. Administration support will now be provided to the meeting to ensure there are full minutes of the meetings and an accompanying record of the actions.

## **2.2 Priority 2 - Play a full part in #TeamLeeds' ongoing response to Covid-19, standing ready for further surges, supporting the vaccination programme, supporting system resilience and patient flow**

### **Key focus 1: Maintaining leadership and support for the vaccination programme.**

In addition to the existing programme team that includes the Senior Responsible Officer and the Senior Operational Lead, LCH has now recruited three dedicated Project Managers and a Project Support Officer. The aim is to ensure timely delivery of the vaccination programme and in particular the "No-one left behind", and Evergreen workstreams, aimed at promoting vaccine equity and accessibility.

The programme continues to ensure innovative and flexible vaccine deliveries from both static, pop-up and event sites. The Leeds Festival in 2021 being just one positive example of how the vaccine programme is responding to local needs with nearly 200 young people vaccinated at the event over the August Bank Holiday weekend, and many more choosing to subsequently have their vaccine afterwards following positive encouragement from healthcare staff who attended the festival.

Phase 3 included the Adult booster programme and school children aged 12-15. Dynamic plans are being rapidly progressed in response to national directives by building on local partnerships.

### **Leeds Covid-19 Vaccination Numbers as of 14/03/2022**

- Over 606k people have had a 1st vaccination (76.7% of eligible GP registered population)
- Almost 564k people have had a 2nd vaccination (71.3% of GP registered population)
- Over 428k people have had a 3rd / Booster vaccination, 80.1% of 535k currently eligible

The programme team are currently looking and planning ahead, working on a business case in response to the national request for an ongoing provider collaborative programme of delivery for both children and adults.

### **Key focus 2: Maintaining 'mutual aid' staffing arrangements that support provision of essential LCH and partner services.**

A workshop was held in quarter one with key stakeholders (including General Managers, Clinical Leads, Workforce, Communication Team and BCDS representatives) to develop a culture and engagement plan to help staff be more accepting of mutual support as an approach across the organisation to bolster our resilience. This was launched at Leaders Network at the end of July. Throughout the remainder of 2021/2022, the Resourcing Team's focus has continued to be on maximising capacity, working closely with managers across our supply routes and the plan continues to be progressed through Senior Ops Strategy group.

*Key focus 3: Working with partners to develop / further develop and implement service developments and initiatives in the city plan that prevent admission and improve discharge from LTHT.*

**CIVAS** continues to build relationships and promote integration with OPAT. An initial visioning day took place in July with a further session in September. The aim is to bring the teams together, consider learning and new ways of working from the pandemic and establish a new, partnership vision. The team are working closely with the new OPAT service manager to ensure a seamless service.

During the past 12 months, CIVAS has:

- Cared for over 626 neighbourhood team line cares and chemotherapy disconnect patients . This is over 626 home visits normally allocated to Neighbourhood team.
- Seen Zolendronic Acid patients in the community, who usually go to hospital as a day case. A total of 183 vulnerable patients received this treatment in their home.
- Carried out dressings, tinzaparin administration, as well as other tasks usually carried out by the neighbourhood teams.
- Supported LTHT with the administration of antibiotic devices, as the nurses have been unable to use them. This has also reduced wasting expensive antibiotic devices.
- The team have gone above and beyond to be flexible and deliver work outside of their current pathway if they have had capacity to do so and it contributed to hospital avoidance. This includes a patient they had referred from VFW that needed IV diuretics, who would have otherwise needed to be an inpatient. This was a vulnerable person with dementia and this approach not only improved her symptoms but ensured she was safe and cared for at home.
- Provided training to community matrons on line care.
- The service have commenced home administration of Sotrovimab for clinically extremely vulnerable covid positive patients.

**Homeless Health Inclusion Team (HHIT)** Following a successful CCG/LCC led bid to NHSE, HHIT are a partner (alongside Bevan, LCC, CCG, Pathway and LYPFT) in delivering the new enhanced out of hospital care model for homeless people. Liz Keat from LCH was appointed as the Integration Lead across the whole partnership. Phase 2 is now underway and is looking at the assessment and care planning for clients whilst in the beds, making full use of the multidisciplinary team from the different partners involved in the project.

Since May 2021, the team have received 58 referrals to the Health Intervention beds. 28 have been accepted and all 9 flats are currently full with an even mix of step up/ step down from hospital. All discharges to date are showing positive outcomes; reduction in Chaos index and decrease in Eq5D. Despite challenges due to a lack of available accommodation across the city to move people on to, the team are working very closely with the wider City plans to reduce homelessness and emphasis on risk mitigation rather than restrictive practices and are providing teaching to new ED doctors and nurse practitioners on Homelessness, duty to refer, and the role of HHIT team.

**Virtual Ward Respiratory** – Continued integration with LTHT resulting in more appropriate referrals and ward now consistently reaching maximum capacity. In past 12 months, we received 397 referrals compared to 290 in 20/21 the same quarter last year and received only 7 inappropriate referrals.

**Enhanced Community Response** – There has been continued progress over Q4 to increase the capacity of the Virtual Ward (Frailty) to a daily caseload of 60 by Q3 2022/2023 with partners. The average daily caseload specifically for Virtual Ward (Frailty) in February 2021 was 31 (4% decrease from the December 2021 position) with a maximum of 44 as at the end of January 2022. Full realisation of benefits and understanding of maximum caseload size is dependent on recruitment to the full workforce model. Forward plans focus on realising productivity gains relating to workforce planning, training, skill mix (introduction of phlebotomy and triage administration roles), better use of IT, and achieving early and conclusive diagnoses, alongside ongoing rolling recruitment and consideration of a targeted recruitment campaign (subject to funding).

A number of key improvements delivered or due to commence will impact on productivity in the longer term, including roll out of electronic prescribing, and agreement of plans for a trial of point of care testing, with LTHT pathology department (to commence April 22). The VWF is also due to reduce its age criteria for referral from 70 to 65 from 1 April 2022.

There is ongoing work with partners in the collaborative to mobilise Telecare Rapid Falls Response (live from December 2022), Home Comfort offer from Age UK Leeds, and specialist mental health input to the Virtual Ward model. Work commenced in February 22 to develop an integrated Virtual Ward model with engagement of system partners across Frailty, Respiratory and Cardiac specialisms. Ongoing development is currently limited by Project Office capacity (including clinical leadership) with scoping ongoing of requirements to deliver local strategic ambitions for Virtual Ward and anticipation of the position improving from Q2 2022/2023.

Plans are progressing to improve data quality of reporting to the Community Services Dataset by April 2022 to include performance for 2hr crisis response from Neighbourhood Teams and inclusive of the Virtual Ward offer. When complete, this will enable data flow to local dashboards on performance against the 2hr crisis response standard, aligned with national reporting, to develop a more robust data set in relation to urgent community response services.

Work progressed includes clinical system changes to triage templates and roll out of clinical guidance, and systems training, to triage clinicians on 0-2hr clinical presentations that may require a crisis response. Training commenced 17 March 2022 with a planned “go live” of the revised triage template from 29 March 2022. In the interim, a proxy measure for 2hr crisis response, based on Virtual Ward (Frailty) performance only (cumulative since November 2019) is being used locally.

The performance position was 65% at the end of February 2022, a decrease of 3% from December 21. It is noted that this position may be artificially low due to data quality issues. This position will need to be maintained and improved upon to deliver

against the national requirement of exceeding a minimum threshold in of 70% by Q3 2022/2023.

**Therapy Supported Discharge (TSD)** - In the last few months TSD have joined and relocated into the Neighbourhood Team, which has allowed the TSD team to improve communication and relationships with the Neighbourhood Team. The team are providing support to all patients in Discharge to Assess beds. They are also assisting with complex discharges from hospital and providing an intense rehabilitation offer to the patient. Recruitment into the team is continuing in the next month along with the support into the Transfer of Care Hub.

**System discharge flow work** - The transfer of care hub is now in operation - this is the local health and social care system-level coordinating centre based in SJUH (Gledhow Wing) that links all relevant services across sectors to aid discharge and recovery in Leeds. The hub works at system-level place whereby (physically or virtually) all relevant services (for example, acute, community, primary care, social care, housing and voluntary), coordinate care and support for people who need it. It is responsible for developing timely and person-centred 'step-down' or 'step-up' plans for people based on the principle of 'no place like home'. The Leeds transfer of care hub/network is still in the design and creation mode, and this will continue over the next 12 months. System partners have come together to co-ordinate system approaches to manage resources and streamline pathways. LCH is the hosting organisation, and the operational manager is supported by both ASC and LCH senior leadership representatives.

The discharge and recovery role is as follows:

- supports safe discharge of people on pathways 1 to 3 through close working with the acute wards, quality assurance of information and practical support, including early identification of people who may become ready for discharge and identifying an estimated discharge date and pathway, focussing on the 'home first' approach.
- decides which 'discharge to assess' pathway each person should be placed on (1, 2 or 3) based on the description of the person received from acute wards; also assigns a case manager to each person being discharged
- works with the assigned case manager to coordinate and arrange the initial support needed on discharge, liaising with families and care providers and ensures the staff and infrastructure are available to meet a person's short-term care needs as outlined in their recovery and support plan

Plans will continue to be developed working closely with partners across all services and trusts as well as the third sector to maximise resources and support a Home First Approach.

**Stroke** – The Stroke Association have been contracted by the service to complete all 6-month reviews for the remainder of the financial year. This work will be extended for another 5 months to at least September 2022. This will enable the service to collate further data on 6-month reviews undertaken by the Stroke to evaluate the impact this has on releasing additional clinical capacity and the potential to develop a business case for commissioners to continue this work beyond September 2022.

## Patient Feedback

Feedback received in Q4 via the Friends & Family Test suggests on the whole how valuable and caring LCH Community Services are.

Comments show that services can be a lifeline for patients; staff are caring, professional, knowledgeable and people feel they are in safe hands.

*This service has been a lifeline for me. The advice given has really helped me to understand my condition. To change my eating habits and follow a much healthier diet. Many thanks 😊 - Nutrition & Dietetics*

*“Really thorough, knowledgeable and explained everything so well that I was really confident regarding my diagnosis and treatment. Thank you”. – MSK Physiotherapy*

*“Lovely health visitor kind compassionate knowledgeable brilliant and helpful with everything”. – Health Visiting Outer West*

*“I phoned about my daughter as was really concerned, I was reassured and advised on how to help her and was also given crisis numbers for my daughter to phone if she ever feels like she wants to talk.” – CAMHS Crisis Service*

*“Felt that it made it real and nice to hear other people’s experiences. The discussions really impacted on me. it was good there was no pressure to talk, could also send a message on group chat. Also good the therapists were willing to expand on bits of the presentation if needed”. – Long Covid Rehab Service, Virtual Course*

*“The team was excellent, very pleasant and caring. Explained the exercises very clear. Was very patient with me. And got me moving again with confidence. Thank you”. – Community Falls Service*

*“I feel so comfortable with every one of the staff and feel they are like family”. – CIVAS*

*“Genuine caring service by people who made me feel valued as a person, not only a patient. Thank you”. – Morley Neighbourhood Team*

## **2.3 Priority 3 - Promote and support the health and wellbeing of our workforce**

*Key focus 1: Explore the health & wellbeing needs of diverse communities and groups within LCH.*

At LCH, caring for one another is one of our 'Magnificent Seven' behaviours, and Wellbeing and Inclusion are two of the key themes outlined in our LCH Workforce Strategy.

As in other Trusts, the pandemic and its associated challenges has correlated with heightened absence amongst our workforce, with high levels of absence correlating with surges in the pandemic. The overall sickness absence for February was 6.8% consisting of 4.6% long term absence mainly due to stress, anxiety and depression and short-term absence at 2.2%, mostly due to covid-related absences. We are expecting to see the sickness absence rates reduce as we start to come out of the pandemic, which is supported by the recent February figures. Whilst remaining above tolerance, current sickness absence levels are the lowest since September 2021.

The LCH Health & Wellbeing Group, with the support of the Trust's Non Executive Health & Wellbeing Guardian, continues to anticipate and respond to the needs of the workforce, with recent focus on Menopause and ongoing attention to supporting Mental Health in the workplace.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

The Trust has a legal obligation under the Equality Act 2010 and Public Sector Equality Duty to provide equality in access to service provision and within employment.

The Board receives in-depth analysis and regular updates on a range of proactive work around this wider agenda, through the Workforce Strategy. This includes delivery against the Workforce Race Equality Standard (WRES) action plan and the Workforce Disability Equality Standard (WDES) Action Plan. A new Equality, Diversity and Inclusion Forum launched in October 2021, chaired by the LCH Chair, which aims to bring employee perspectives, experiences, and ideas in pursuit of our ambition to be much more representative of our communities and to further tackle and reduce outstanding issues of disparity in staff experience. The February focus of the ED&I forum was on LGBTQ+ matters.

The Board's development workshops in 2021/22 included Cultural change and the impact of the first two cohorts of the LCH Allyship Programme and group discussion around "white privilege"

LCH has received accreditation as a Disability Confident Leader, one of only 22 NHS Trusts, in recognition of the public commitment shown, and progress being made in Equality and Diversity. Our Allyship Programme continues to grow with 35 Allies who want to support and speak up for their BAME colleagues and currently advertising a 4th cohort. Another NHS trust commissioned us to deliver the Programme for their own workforce as well, with the 2nd cohort starting shortly. Our



Reverse Mentoring scheme has continued at pace bringing the total number of participants who have benefitted from having a BAME mentor to 38.

LCH believes in workplaces where all LGBTQ+ people are accepted without exception and promotes this through the NHS Rainbow badge, which currently has over 600 staff members, who are Rainbow Ambassadors. LCH secured one of only 40 places, to be involved with Phase II of the Rainbow Badge initiative, moving away from pledge based towards an assessment model; Bronze, Silver or Gold. A Rainbow Ambassadors Group actively participates in LGBT History Month and Pride Month.

*Key focus 2: Provide and expand a comprehensive Health and Well-Being offer to our staff.*

We have made workforce health & wellbeing a key priority and enhanced our support for staff through:

- Appointment to an additional Clinical Psychologist role focused on workplace wellbeing
- Targeted support for teams identified as particularly under pressure/experiencing the impact of Covid pandemic
- Improved communications and promotion of broad range of health and wellbeing interventions and support available for staff
- Continued focus on Employee Voice, including regular Team LCH and cohort-specific discussion and feedback sessions, weekly engagement with Trade Union colleagues, and additional promotion of our award-winning Freedom to Speak Up service
- Introduction of Schwartz Rounds

Our culture of engagement was fundamental to our approach to looking after our people during the pandemic. This included but not limited to 50 Voices group (approx. 80 staff participated), the Shielding Group, which offered support to our 130 staff who were shielding, the Race Equality Network Group with over 145 members, Rainbow Ambassadors with over 170 members and Leaders Network. In addition we maintained informal and formal engagement mechanisms with Trade Unions.

This year, a new cohort of prospective Mental Health First Aiders has expressed interest in being trained through a city MHFA scheme.

As living costs rise, a closer focus is being paid to Financial Wellbeing, with work on promoting pensions uptake, a review of the InstantPay initiative introduced for bank workers, and access to financial advice available via the Employee Assistance Programme.

*Key focus 3: Equip leaders with the appropriate skills, knowledge, and confidence to hold effective health & wellbeing conversations.*

Health & wellbeing conversations are part of the line manager / employee relationship, with individual, sensitive conversations practised throughout the pandemic as part of the Individual Risk Assessment process, and extending into regular line manager / employee discussions as well as into appraisals.

Specific health and wellbeing questions have been introduced as part of an Appraisal project in ABU. Learning from this project will be considered as part of an LCH review of Appraisal processes taking place in the early part of 2022/23.

The HR Business Partners continue to provide support to Service Managers deal with often sensitive and difficult wellbeing conversations with staff.

LCH's new Disability Confident Leader accreditation is evidence of its comprehensive approach to supporting employees and prospective employees with a disability or long term condition

The LCH Leadership Programme, including in particular its Manager As Coach module, continues to equip leaders with additional skills to support staff. Up to date guidance and briefing notes on key topics are shared with leaders through leaders' network or via Mid-day briefing to ensure they are kept up to date with the latest local and governmental guidance.

## **2.4 Priority 4 - Develop integrated provision with a stronger focus on prevention, self-management and pro-active care**

Please see priority 1 for an update on LCH's self-management project.

*Key focus 1: Playing a full part in Leeds Integrated Care Partnership, develop collaborative governance structures and priority programmes that support our ambitions for better, more integrated care in the city*

A Place Based Partnership operating model is being finalised alongside communication and engagement tools which will be used to help describe the main commissioning changes to staff and people before they come into effect this summer. The Leeds Health and Care Partnership and associated Population Boards and Care Delivery Boards are already starting to meet in shadow form and are making the move towards more place based/ population focussed commissioning. In addition, NHS England and the Local Government Association are supporting Leeds' participation in a Place Development Programme which will support us in transforming our partnership arrangements to becoming even stronger as we move into the new arrangements from July 2022.

The Trust continues to be involved in a number of workstreams to support the formation of the Leeds Committee of the West Yorkshire Integrated Care Board.

*Key focus 2: Developing community offers that support people to keep well / stay at home or in the community maximising partnership working with primary care, the 3rd sector and other healthcare partners*

Please also see system wide project updates under priority 2.

Partnership working is a huge priority for us as an organisation and there are very few service developments that we do entirely in isolation. This way of working is enabling us to help realise the NHS Long Term Plan priorities around bringing care that is closer to home and wrapped around populations. A wide array of work continues under this overall ambition, with a clear link to the current Neighbourhood Model Transformation programme. SBU colleagues and wider stakeholders are involved in the Neighbourhood Model Transformation Programme.

The Community Cancer Support Service has been successfully rolled out to 7 PCNs in Leeds, providing personalised care and support for patients living with and beyond cancer. It evaluated very positively with both patients and professionals in November 2021 and in 2022 has secured an additional year's funding from Macmillan Cancer Support to continue the development of the service. Since September 2020 the CCSS has received 488 referrals, 42% of these have been for patients at the end of their treatment.

### **Patient feedback**

*"This service is an excellent way to bridge a gap in support that is very clearly there. It has really helped me. I hope it can be accessed across Leeds now as I met some*

*patients who couldn't access it because of postcode and whom I felt needed it more than me."*

*"To be able to chat to a specialist nurse about anything treatment or personally related was really helpful, as it felt like a gap was being filled by someone who had the time and expertise to do it."*

*"Being diagnosed with cancer is a massive shock. I just got on with getting through treatment etc. wanting it to be all over. I didn't realise the effects of the trauma might continue for months. So really good to have your support through the ups and downs."*

## **Professional feedback**

*"Very positive experience of the team very prompt to see patients and relay back if any patient needs. Patients have valued the support closer to home. As a community service [it] provides that continuity and link for us as hospital practitioners. Only thing to improve is widening their scope to city wide"* Feedback from Hospital Clinical Nurse Specialist

*"I feel that the CCS service has had an incredible impact, it has helped keep a patient engaged with the chemotherapy. Without this service I think the outcome would have been different. The working together across primary and secondary care is very effective in giving good care to the patient and using health resources well."* Feedback from Hospital Clinical Nurse Specialist

In 2021 / 22 LCH and 3rd sector partners developed and started implementing the 3rd Sector Strategy year 1 implementation plan. The four workstreams are focused on working together to:

- develop more inclusive, accessible services
- connect better across shared agendas and
- develop self-management approaches
- co-produce services

Most work was paused November '21 to March '22 because of pressures on services and partners progress has been made across most workstreams and to enable focus on work with Leeds Older People Forum on the Enhance Programme which is making available grants of £25 - £100,000 for third sector organisations to test and develop partnership approaches that support safe and sustainable discharge from hospital and neighbourhood teams into a secure home environment, avoiding both delayed discharges and readmissions. Leeds Older Peoples' Forum is managing the scheme which builds on learning from the Time to Shine programme.

We were also delighted to be able to support six third sector organisations in bidding for NHS Charities Together funding to address the medium to longer term impacts on inequalities further exacerbated by Covid-19 and increase resilience of individuals and communities. Two partners were successful:

BID: the project will support the emotional and physical wellbeing of adults who are deaf, hard of hearing, visually impaired and dual sensory impaired by providing be-

friendship support, peer support group and work with LCH, GP practices, LYPFT and LTHT to ensure services are accessible and welcoming. BID has provided 7 training sessions, mainly for LCH front of house staff, to raise awareness about the difficulties people with sensory impairments face in 'bridging the last 3 metres' getting in to health centres and in moving around, and what staff can do to make people with sensory impairment feel confident and welcomed. BID is leading 'access audits' of health centres which will lead to development of a prioritised plan for making health centres more accessible to people with sensory impairment.

BASIS: funding will enable BASIS to build on previous work with staff in GP practices to develop awareness about and address stigma and barriers routinely experienced by women sex workers accessing healthcare, and to extend this to work with LTHT and LCH. BASIS already work closely with LCH's Health and Inclusion team. BASIS are working with LCH's Continence, Urology and Colorectal service (CUCS) to raise awareness about CUCS among sex workers, support women to access and ensure the service meets their needs. BASIS has also started recently working with the Integrated (primary care and LCH) Wound Clinic service.

## **Engagement Focus**

**Long Covid Service Patient Involvement Group:** The Leeds Long Covid Rehabilitation Service (LCS) are developing a Patient, Carer and Public Involvement (PCPI) Group for persons with a Long COVID diagnosis, their carers, and members of the public with an interest in the condition. It is hoped this new patient involvement group will co-produce the design, development, and evaluation of LCS interventions and service provision. The service is in the process of contacting patients and carers for expressions of interest in joining the group.

**Engagement Champions Network:** The Engagement Champions Network continues to meet monthly. The March 2022 meeting will include colleagues from BASIS Yorkshire, providing a development session around the health needs of sex workers, the barriers they may face in accessing services and how to improve services for sex workers

**0-19 PHINS** are seeking feedback on the Care of the Next Infant (CONI) Programme, which is a support service for bereaved parents or parents who might have a specific reason to be anxious about the arrival of their next child. The service is keen to understand what elements of the programme are most helpful and what would improve it. The data and themes will be evaluated with support from the Patient Experience Team.

The **Respiratory Service** wanted to learn more about barriers and reasons that some patients are not choosing to take up the offer of the Pulmonary Rehab programme, which is currently being offered virtually due to the Coronavirus pandemic.

Feedback showed that the majority of patients (86%) felt they had a good understanding of Pulmonary Rehab, but their reasons for not wanting to attend stemmed from preferring face to face classes and concerns about digital technology.

The service is now beginning to re-offer face to face rehab and information booklets are now being provided to explain the expectations of pulmonary rehab. Virtual classes and home exercise programmes are continuing to be offered and the service are ensuring feedback is being collated from the post-virtual rehab groups to help shape future programmes.

The **Children's Speech & Language Therapy** service recently hosted a focus group, looking at their current care model, whether digital appointments are accessible enough and whether follow up support is satisfactory.

12 parents from the Children's Speech & Language Therapy Service were invited. 8 responded to the invite and 7 attended the focus group which was held virtually. Parents fed back that the current care model means patients/children are seen and then have no access to further support, particularly support and advice between appointments. They also said the service can feel difficult to navigate, particularly if you've not received care previously. If a child is re-referred to the service, the wait for an appointment can be lengthy, which is particularly concerning if the child has complex needs, and that Schools don't always inform parents of appointments that have been booked in school time.

The CSLT service are now implementing the following as a result of this feedback;

- Developing a letter/leaflet for all parents/carers/guardians to introduce the service, explain how we work, what we offer and give clear contact details for people to contact with any queries and concerns
- Text messages are now sent to parents/carers/guardians when an appointment in school has been booked, notifying them of date and time their child will be seen
- A summary letter is now sent home in children's book bags following an appointment in school time, outlining the care and support given, any targets and next steps
- The service are also looking at how they can develop and implement a telephone advice service for parents/carers and schools to make contact more efficiently for any support and advice following or between appointments. This may also reduce the need for additional or unnecessary appointments, if people are able to get the advice and answers they need using the advice line.

*Key focus 3: Develop more integrated working and pathways between services within and across BUs and with partners.*

**Leeds Place Priority Programmes:**

- Frailty is an PBP priority regarding testing governance and has involvement from LCH/ABU colleagues.
- End of Life care also selected as an PBP priority regarding developing an integrated community offer. ABU colleagues involved in this.
- SBU General Manager attended the first PBP Mental Health Board this month. The delivery plan is currently focussed on adults but will be extended to incorporate children. IAPT is a key programme.
- With regards to transition, the focus for this year is the Transitions from CAMHS to Adult Mental Health Services. Following a Business Case to commissioners in Q3, which was approved, recruitment for an enhanced CAMHS Transitions Team has continued in Q4. Although not all posts are currently filled, the team is already engaged in developing improved transitions support for young people approaching adulthood within CAMHS. During next year, the business unit is planning to bring together all its services to learn from each other, and to co-produce common approaches with families across the Business Unit.

The Integrated Care Steering Group restarted in September 2021. It oversees a programme of work to realise the ambitions of the Integrated Care Proposal 'to serve the population with one team across primary and community services that does not duplicate, but ensures care is delivered by the right person, in the right place, every time'. It's membership has been extended to include the LCP Programme Director (co-chair), Primary Care Network Clinical Directors, Public Health and additional 3rd sector representation. The Steering Group and some workstreams were paused November '21 to March '22.

**Morley and West Primary Care Network integration initiatives**

In 2021-22 we have worked with Morley and West PCNs to develop and implement integrated nursing models. Both PCN initiatives support better experience and outcomes for patients and more effective use of resource by

- providing pro-active care and continuity of care led by clinicians with high levels of skills working as part of primary care and community geriatrician multi-disciplinary teams
- avoiding duplication of appointments, assessment and interventions with Neighbourhood teams
- raising awareness about and enabling appropriate referrals to LCH services
- developing new ways of integrated working with Neighbourhood teams.

The Morley PCN Integrated Nurse Led Care Home Team is piloting a dedicated integrated care home team in the Morley PCN locality led by a community matron, supported by a senior nurse and working closely with the PCN pharmacist. The nursing team lead weekly rounds which supports development of strong relationships with care homes, service users and their families. The team has been operational for 6 months, has high levels of staff satisfaction and reduced input from Neighbourhood teams.

In West PCN, LCH has recruited an Advanced Clinical Practitioner (ACP) nurse to work across West Leeds PCN and its 7 practices as part of an integrated care team comprising two Advanced Clinical Practitioners, 1 Associate Clinical Practitioner, two paramedics, a clinical pharmacist and health care support workers to develop and deliver an integrated pro-active PCN Frailty Home Visiting service to support older people living with complex needs and frailty to live independently as long as possible.

The team undertakes comprehensive assessment and care planning, ordering, and acting upon diagnostic tests as well as making referrals. The LCH employed ACP will work closely with NTs in the PCN footprint to develop cohesive teamwork and innovative new ways of integrated working and caseload sharing and ensure appropriate referrals to the Virtual Ward and other LCH services.

Diabetes Leeds are working with three PCNs (Morley, Chapelton and LS25/27) to improve the three diabetes treatment targets (blood pressure, cholesterol and glycaemic control). Treating within targets prevents, delays and reduces diabetes complications. New approaches being tested include: a clinical team (CCG and LCH) supporting integration between primary care and specialist diabetes services; training offers to support PCNs develop 'diabetes support teams' at PCN level; utilisation of population health management data to proactively identify cohorts; providing advice and guidance between primary care and specialist service to support timely care; connecting with local and national prevention and self-management offers and, tailoring approaches to population need to address health inequity. The clinical arm of project is funded by NHSE and the community arm of the project is supported by the LCP development team.

**Integrated wound clinics** – Integrated wound care clinics have been established in eight locations across the city staffed by CLASS or short term, fixed secondments funded by LCH and estate provided by general practices. Integrated infrastructure developed to support the clinics include:

- a shared template within the electronic patient record in System One (primary and community modules) and EMIS that is aligned to the national wound care strategy, CQUIN and CSDS requirements. The template was developed with system-wide stakeholders as the longer term aim is for wider partners to adopt the template. The template was launched in primary and community care clinical systems in March 2022.
- A remote booking platform that enables primary and community care colleagues to book in patients to any site.

FFT feedback confirms positive patient satisfaction and staff satisfaction is high. The 'What Matters To Me' tool will be used to ensuring that clinicians support patients to achieve what is important to them. The next phase of work will focus on developing a sustainable model, developing a roadmap for extending clinics e.g. to include catheter care and line care, and a holistic model where clinics are delivered in third sector settings.



**Preceptorship and Training** - Primary Care and LCH had preceptorship programmes that recruited employees to their respective organisations. The Integrated Preceptorship proposal is looking at combining and expanding the two pathways to create an Integrated Preceptorship Programme where applicants would be recruited as a Preceptee, and not recruited to a specific role. The Preceptee would rotate around services for twelve months, across both community and Primary Care and would be guaranteed a job at the end of the twelve-month period if they pass through defined gateways confirming they have met all performance and development landmarks. The posts will be open to both nursing and AHP professionals, although an initial proof of concept will focus on registered nurses.

**Falls Pathway** - A six-month fixed-term contract was established for a Falls Advanced Clinical Practitioner (ACP)/Pathway Lead and to test this new role in developing and progressing the integrated Falls Pathway. As part of the vision for and development of an Integrated Falls Service providing care closer to home, virtual falls MDT meetings were set up and have been running twice a month since November 2021 with a Falls Clinic Geriatrician, Community Falls Service, and temporary Pharmacy support. This has supported more complex falls patients in the community, reducing the need for patients to attend a hospital outpatient clinic.

This current role and service model has supported an approx. 70% reduction in referrals from the Community Falls Service to the LTHT Falls Clinic for a face to face appointment with a Geriatrician, as the majority of patients have been able to be provided with care closer to home. Pharmacy support and input to the virtual falls MDT meetings has enabled timely medication reviews and medication changes for high risk falls patients, also reducing pressure on GP time. This model has also contributed to a reduction in waiting times for patients to be assessed by the Community Falls Service, as well as receiving positive feedback from patients.

As part of the falls pathway development, the Falls ACP/Pathway Lead is working with LTHT colleagues to review and develop the falls referral pathway for patients attending LGI ED and for patients admitted to the acute assessment wards at SJUH following a fall, encouraging a proactive approach to falls assessment, prevention and management for these patients on discharge home.

This pilot has tested the case for change for an ACP Physiotherapy Practitioner within this role. A business case has been completed for a permanent Falls ACP/Pathway Lead role, and a permanent Pharmacy role within the Community Falls Service, to support the service patients and virtual falls MDT meetings.

**First Contact Physiotherapy** - LCH are currently delivering MSK FCP services in 7 Primary Care Networks (PCNs). Face to face appointments have resumed in most clinics at the request of PCNs. The FCP network (ODN) is now fully established, and meetings take place quarterly with a representative from the CCG and the 5 providers to discuss provider issues. Conversations about the best way to engage PCNs in discussion about the various challenges have progressed and are being led by the LCH ARRS Strategy Group which will feedback to the MSK FCP ODN. The ARRS Strategy group will also be exploring a city-wide approach to training, standardising contracts, developing supervision models and capacity for other ARRS

roles. This is being supported by LCH's Director of Workforce, OD & System Development and NHS Leeds CCG Commissioners.

**CBU Communication and Behaviour Offers** – The Communication Offer has now completed its As Is mapping, and a full pathway is being launched at the end of March 2022, alongside the refreshed CBU Strategy for 2022-2055. This Offer brings together all CBU services that currently support children, young people and families with communication difficulties, across three levels of intensity; Universal, Universal Plus/Targeted and Specialist interventions. Work continues on mapping out the As Is Behaviour offer and this work will continue in Q1 of 2022/23. Next year, the Business unit will be focussing heavily on engaging with and involving Children, Young People and Families in the design and delivery of all our Phase 1 Offers.

## **Priority 5 - Work pro-actively across the organisation and with #TeamLeeds to understand and improve health equity**

The Health Equity Strategy was approved at Board in May 2021 and will focus our efforts to work pro-actively to improve health equity.

*Key focus 1. Develop focus and competencies in all services and corporate functions to understand, mitigate and reduce health inequalities in existing delivery and service change, including the robust use and review of EQIA processes*

Equity is being embedded in proactive approaches within our services and corporate functions of quality, including research, evidence-based guidance and outcomes. It will be part of the review of incidents and within patient experience to understand any inequalities affecting particular communities or communities we are not hearing from and why, and act to address these.

The combined Equity and Quality Impact Assessment process is in use and embedded. A recent local internal audit made a recommendation for all EQIA's to be reviewed rather than some being fully approved at the first panel. The review will assess any potential or unintended consequences and will include a review of Health Equity data as a standard requirement.

Recent EQIAs have considered greater access to services including an EQIA from Health and Homeless Team to relocate and increase the beds in the bedded unit to improve access to healthcare for a known vulnerable population.

Whilst the process is embedded, work is continuing to raise awareness of when an EQIA is required.

*Key focus 2. Improve access to and understanding of new and emerging data to better understand, mitigate and reduce impact of service changes on health inequalities*

As our Health Equity Strategy progresses, we will develop systems to routinely assess and monitor our health equity data to better understand how to utilise the information to support our communities.

The health equity dashboard on PIP now gives services access to their own data, this can be broken down by ethnicity and deprivation (IMD) of:

- Referrals
- Appointment/visit outcomes (Finish rates, DNAs, Cancelled by Unit, Cancelled by Patient)
- Therapeutic Outcome Measures

Additional data is also available on PIP for:

- Ethnicity recording

- Communication template entries, including language and interpreter requirement

Further bespoke reports have also been developed for:

- Waiting lists, by ethnicity, deprivation and interpreter requirement

Reports are being developed to support Datix incident analysis to understand where harm is greatest and how this links to areas of deprivation. There is a longer-term plan to assess ethnicity.

**Waiting list analysis** - The waiting list reports provide us with the data to undertake analysis similar to that done by Calderdale Trust, which has been shared nationally, including in the Healthcare Inequalities 2022/2023 Planning Guidance Advisory Note, with the recommendation to adopt a similar approach.

*Calderdale Trust example:* Analysis of waiting lists during 2021 by ethnicity and deprivation, which found that in May the trust's patients from the most deprived areas were waiting 8.5 weeks longer on average for priority two operations than those from more affluent areas, while patients from minority ethnic groups were waiting 7.8 weeks longer than white patients. When taking priority two together with less urgent priority three and four operations into account, Calderdale and Huddersfield patients from ethnic minority groups were waiting 5.1 weeks longer than white patients in May – but by October, this disparity was cut to 1.6 weeks. Patients from the most deprived communities were waiting 5.6 weeks longer than the least deprived in May, and 2.2 weeks longer on average in October.

Similar high-level analysis of LCH data identifies the following headlines, with associated key lines of enquiry. This has been taken from snapshot data at the beginning of February with a further snapshot later in the month for brief sense-checking:

- People in the most deprived areas wait an average of 1.2 days less than the rest of the population
- 41% of people on the waiting list are in the most deprived quintile (n=10,242) which is slightly more than the % of the Leeds population in the lowest quintile, but reflective of the higher rates of referrals for patients in more deprived in areas; and higher prevalence of key conditions
- Analysis by Business Unit identifies difference in proportion of most deprived population (IMD 1 and 2) on waiting lists in each Business Unit.
- At an aggregated ethnicity level, there is very little difference in average number of days waiting between people from aggregated minority ethnic groups (0.8 days less) and white patients.
- % people from minority ethnic groups on waiting lists is slightly higher than % referrals
- Nearly 80% Black and Black British people on the waiting list live in the most deprived areas.

- Over half of other minority ethnic groups on the waiting list live in the most deprived areas.

Further work will need to be undertaken to understand the % of different ethnic communities in our most deprived areas

*Key focus 3. Improve communication and access to services through implementation of Accessible Information Standards*

Services throughout LCH are working with The Patient Experience Team to implement the Standards and consider easy read options, support communication in different languages, and generally promote equitable access of our communities. This includes:

The online Friends and Family Test (FFT) can be accessed via a URL and a QR (Quick Response) Code. It is available in easy-read, children's and young people's format and has now been translated into the top 5 spoken languages in Leeds – Polish, Urdu, Punjabi, Romanian and Slovak. This has been developed make giving feedback more accessible to people whose first language is not English, and/or who may have additional communication needs.

FFT paper postcards remain available and these have also been created in an easy-read format as standard. The postcards also now include the QR Code image that links to the online FFT survey. The aim being to offer as many options to access feedback as possible.

Services continue to improve equitable access to their service, particularly around digital appointments.

CAMHS are utilising a hybrid approach to support access. They have a template to ask about communication needs and this is covered at waiting list and first appointment. They also offer the option of a telephone or video call to go through this and try to understand people's experiences of the education booklet.

Community Diabetes are improving their offer around information being available in different languages, the service information is already offered in an easy read format.

Many LCH services have continued to develop specific surveys throughout 2021, to help them listen to what matters most to patients and carers, to find out what is working well and what could be improved within their services, particularly with many teams now offering virtual and telephone appointments long term. There were 23 patient and carer surveys developed throughout 2021. All surveys are now made available in both paper and online format, in both standard and easy read versions. Services are also able to translate their surveys into other languages using the Leeds City Council Panacea Translation process, to ensure they are more easily available to diverse patient groups.

CAMHS have recently updated their Autism Assessment Pathway information leaflet to an easy read document to help improve accessibility. Lisa Smith, Learning Disability Lead, supported these projects and ran a session for Champions on creating accessible documentation, in particular tips and steps for creating easy-read information.

Work continues across the organisation to ensure the Accessibility Standard is met.

*Key focus 4. Test new partnership approaches with the third Sector that drive reduction of health inequalities*

In 2021/2022 LCH and third sector partners developed and started implementing a Third Sector Strategy implementation. This was paused from November to March because of covid pressures on services and third sector partners.

LCH supported six third sector partner bids for NHS Charities Together funding. Both BASIS and BID were successful and have been working with LCH services to improve access to services for female sex workers and /or women who are sexually exploited and People with Sensory Impairments respectively. We are also really pleased to work with and fund Leeds Older People Forum to launch the Enhance Programme, which is making £25 - £100,000 available to third sector organisations to test and develop partnership approaches that support safe and sustainable discharge from hospital and neighbourhood teams into a secure home environment, link Neighbourhood Teams with third sector organisations to enhance capacity in both sectors and avoid both delayed discharges and readmissions.

Moving into 2022/23, a number of workstreams will continue due to their ongoing importance such as our continual commitment to support the health and wellbeing of our workforce, our aim to move from intent to action in identifying and addressing inequity and our commitment to work with our system and third sector partners, all of which are reflected in 2022/23 trust priorities. A number of BCDS projects will continue into the new year as outlined in appendix 1 alongside a number of new projects, which together will form the LCH Change Programme for 2022/23.

### **3 Recommendations**

The Board is asked

- To agree that, in the most challenging of circumstances, staff have continued to go above and beyond during the ongoing pandemic, delivering high quality care to patients whilst delivering against the Trust priorities. They have significantly contributed to the Trust being a better provider of care, a better employer and a better partner.

## 4 Appendices

### Appendix 1

## LCH Change Programme – 21/22 Quarter 4 Update

Project type	Programme/ Project	Planned end	RAG	Progress
<b>Organisational</b>	Telephony	June '22		Migration and Softphone Go Live 31 March. Non VMB Numbers to be migrated on 28 April. Existing Contact Centre upgraded through April. New Contact Centre Implementation Schedule in planning stage. Call Recording software implementation in planning stage.
	Electronic prescribing	March '23		ICAN and Cardiac Live in 2021. VFW and EoL Team Live by end of March. DCE looking at other services to implement. CAMHS Prescribing dependency on CAMHS EPR moving to S1.
	ICE – pathology/ radiology	March '23		Roadmap and schedule in planning stage with LTHT for Standard ICE. ICAN Paediatrics need custom panel developing by LTHT – included in planning stage. LSH Anonymiser schedule has LTHT LabComm / ICE / LIMS upgrade dependency and included in separate planning with LTHT.
	Digital dictation	March '22		Project moving to closure
	Admin Review	June '22		Model agreed and staff consultation now started
	Improving Patient Flow and Prioritisation	TBC		Programme now being re-scoped as a waiting list/ backlogs strategy
	Resourcing and Mutual Aid	Dec '22		Current mutual aid has now ended and project is moving into embedding approaches as business as usual
<b>ABU</b>	Neighbourhood Model Review	March '23		Draft high-level rehabilitation offer; pilot for unplanned/planned delivery to be developed; options for Triage and Referral Management being considered; Agile approach to EPR design work; Digital Allocation Kick off meeting with eCommunity and

Project type	Programme/ Project	Planned end	RAG	Progress
				pilot sites (NT South 2); 3 x H&WB Coordinators appointed, initial alignment to a range of areas across NTs, citywide services and Leadership team. Programme plan to be revised as ABU move to stabilisation plan
	Community Cancer Support	June '23		Service fully mobilised in originally agreed PCNs, now making plans to expand to additional PCNs within current resource. Additional 1 year funding secured from Macmillan with plans to develop business case for longer term funding during Q1/Q2.
	Wound care integration	Sept '22		Wound clinics established in 8 GP practices in January '22: LCH fund the staff and equipment. Single wound template launched March '22. Silver command has supported ABU proposal to ramp up the project and implement clinic based default for wound care, catheter care, some injectables, line care etc as one of the 7 priority areas of ABUs de-escalation plan, with additional clinical, operational and project management capacity.
	Enhanced community response offer	March '23		Continued progress over Q4 to increase capacity of Virtual Ward (Frailty) to daily caseload of 60 by Q3 22/23. Limiting factor relates to workforce recruitment and retention. Development of integrated virtual ward offer commenced but limited by Project Office capacity (incl. clinical leadership); anticipated to improve from Q2 22/23. Significant progress in CSDS data quality improvement plans with development of 0-2hr crisis clinical guidance and roll out of training and new triage template with "go live" 29 <sup>th</sup> March. Roll out of E Prescribing, securing of devices to enable roll out of ECG App; and development of plans and timeline for trial of Point of Care Testing.
	Enhance – 3 <sup>rd</sup> sector support to NTs	March '23		Enhance funding over-subscribed: £1.5m bids for the £800k funding available. Bids assessed 15 March, decisions to be announced 31 March and funding to be made available from 1 April. Leeds Older People's Forum establishing a Steering Group



Project type	Programme/ Project	Planned end	RAG	Progress
				to meet April, date TBC. Will be incorporated within the NMTP. LCH project management support from late April
<b>SBU</b>	Leeds Sexual Health EPR	March '22		Project moving to closure
	Dental transformation	Dec '22		The work is progressing well, and the focus is the procurement of an Electronic Patient Record.
	LMWS improvement	Dec '22		New leadership structure developed, waiting list plan in place, model workstreams progressing well.
	Cardiac & Pulmonary Rehab Service Review	March '22		New rehab service offer developed with a 3 year phased implementation. Business Case signed off by SMT, Committees and Board. Discussions underway with commissioners and relevant Leeds Place steering groups. Funding requested for Mobilisation Manager as part of bid should the business case be funded by the LTC Board in 22/23.
	Leeds long covid	March '22		Project now moving to closure as service is now BAU
	SLT waiting list management	March '22		Project now moving to closure as BCDS input is ending – remaining work to improve the SLT waiting list is being taken on by ODI
	Police custody leadership and model review	March '22		Project now moving to closure as BCDS input is ending – remaining work to be led by the service with support from SBU Leadership team.
	CNRS service review	Jan '22		Project now closed. Preferred option agreed. Mobilisation of preferred option starts in new financial year.
<b>CBU</b>	CAMHS transformation	Jan '22		Current transformation programme has now closed and the service is now managing a strategic, development plan to oversee ongoing changes within CAMHS
	CAMHS Mental Health Support Mobilisation	Dec '22		Mobilisation of service continues positively
	ICAN transformation	Feb '22		Project now closed





**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (23a)**

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**Title: Mortality Report Quarter 4 2021-2022**

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**Category of paper: For assurance**

**History: Quality Committee 23 May 2022**

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**Responsible director: Executive Medical Director**

**Report author: Executive Medical Director**

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## **Executive summary**

### **Purpose of this report:**

To provide the Board with assurance regarding the Mortality figures and processes within LCH NHS Trust in Quarter 4 2021-2022.

### **Main points to note:**

- Quality Assurance & Improvement (QAIG) Group have met regularly and are quorate. The last meeting was the 19 April 2022.
- The Adult Business Unit mortality review meetings, combined with the Specialist Business Unit, and the Children's Business Unit Learning from Deaths meetings have taken place regularly, and have been quorate throughout the quarter.

### **Adults & Specialist**

- Themes – similar to previous quarters but in addition
  - Emergence of a theme related to an increase in transcribing errors of anticipatory medications for symptom management at end of life. Further transcription training has been provided by the medicines management team, but city-wide conversation to be raised regarding standardisation of units and dosing regimes to minimise errors
  - Increase in the number of patients requiring support for Motor Neurone Disease. This has led to the identification of a risk regarding the lack of commissioned community suction care which has been raised with commissioners.
- The issue with a difference between the hospital and community prescriptions for anticipatory medicines at end of life is not new (different frequency of dosing regime and different units), therefore the increase in transcribing errors is thought to relate to the pressures of the pandemic on the workforce resulting in increased unfamiliarity with this on discharge to, or into, the community.
- Digital solution to manage and streamline the mortality process has now gone live. No paper documents will be required
- We have not yet been able to separate out the LCH subset of the collated city-wide data set incorporated in the CCG EPaCCs report included in Quarter 2. Whilst LCH specifically reports on our own EPaCCs data, we are currently unable to identify how many of the excess bed days included in the citywide report that are related to patients on an LCH caseload.
- An apparent increase in deaths reported as unexpected during Q3 (100 Q3, 77 Q2, 78 Q1) thought to correlate to winter pressures has returned to within normal variation during Q4.
- Beeston & Chapeltown NTs have an increased number of deaths in IMD deciles 1 & 2 during Q4, above the population percentage in that area of IMD Deciles 1&2. This is over a significant period (Apr 2019 – Dec 2021), so is now included in the quarterly review to consider trends.
- Formal mortality review meetings have been reinstated after a temporary pause during Q3 due to system pressures.

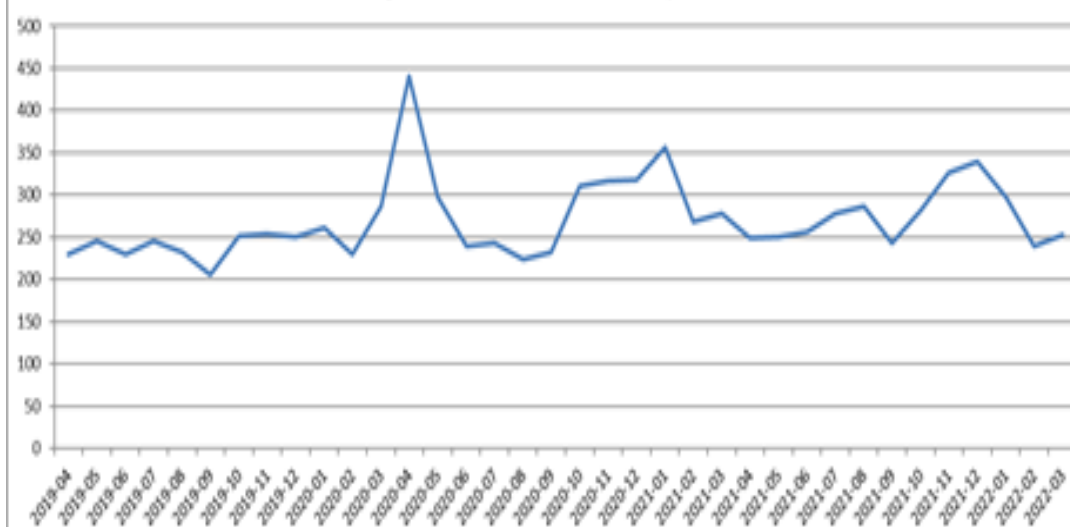
**Children**

- Mortality in children has not shown any significant deviation from numbers expected over the course of Q4 or the preceding year
- Chair of LCH Child Death Review Group has now been appointed
- The 4 expected deaths all had RESPECT documents in place and good practice was identified in regards to MDT working in end of life care planning: Martin House hospice, LTHT, community nursing and ICAN
- Patient feedback included parents who thanked the 'extraordinary humans' who cared for their child in health and in education and gave them the best life they could lead.

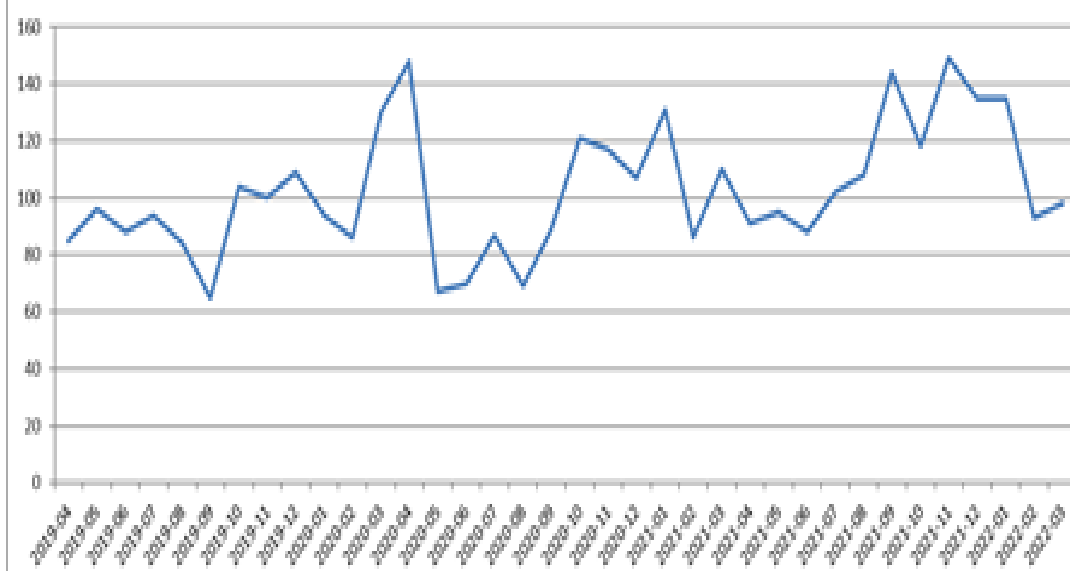
**Recommendations:**

- Board is recommended to receive this assurance regarding Trust mortality processes during Q4 of 21.22
- Note the ongoing contribution to improving data quality within the Trust and city, and the continuous work to ensure surveillance and learning is optimal.

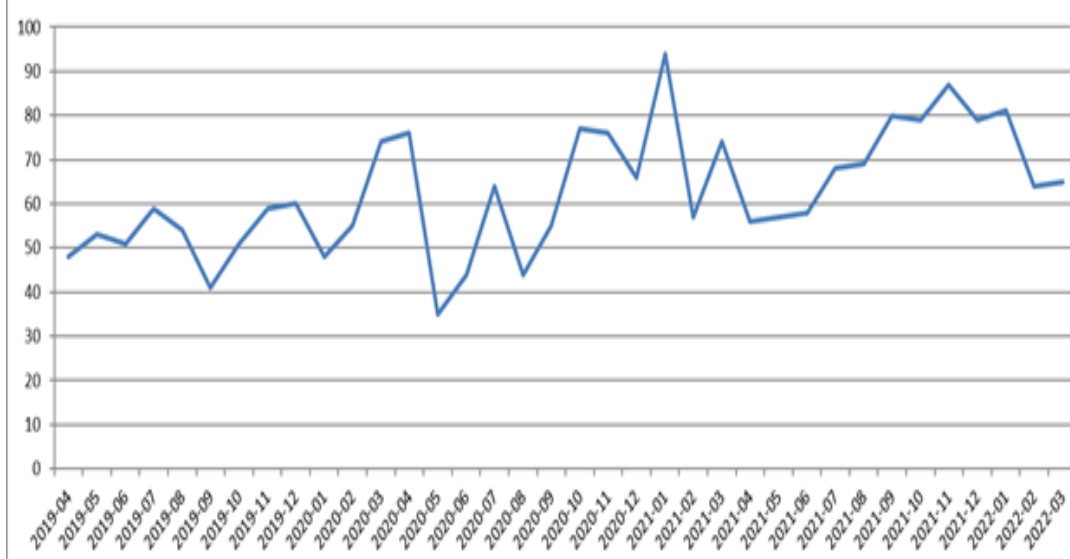
Neighbourhood Team Deaths By Month



Specialist Deaths By Month



Number of Patients in Neighbourhood Team &amp; Specialist Team At Time of Death

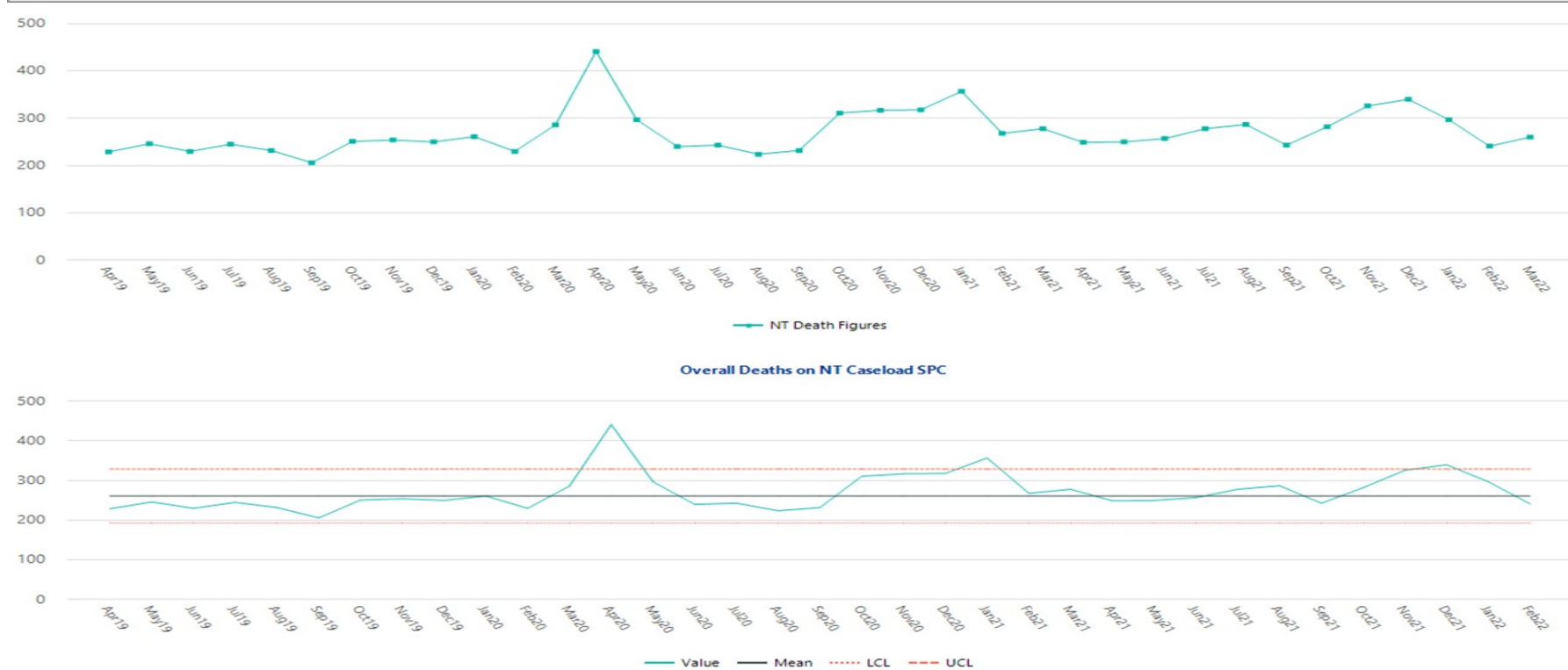
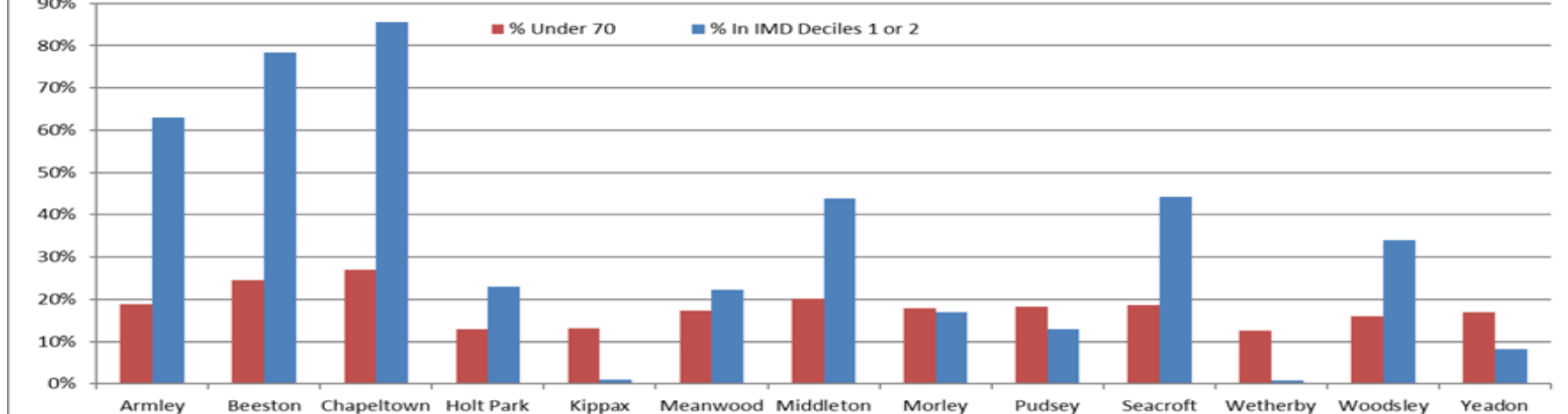


Jan - Mar 22 Mortality Figures for NTs &amp; Selected Specialist Services

Deaths	Jan-22	Feb-22	Mar-22	Q4
Total	351	269	286	906
NT	297	240	253	790
Specialist	135	93	98	326
Specialist not in NT	54	29	33	116
In NT & Specialist	81	64	65	210
Specialist Deaths in Multiple Units	11	14	9	34

Adult Data	Q1	Q2	Q3	Q4
Level 1	987	581	624	592
Level 2	290	116	163	143
Unexpected deaths	78	77	100	67
Expected deaths	352	498		462
Alliance CCB deaths		1	3	5
Virtual Ward deaths	8	4	5	5
LeDeR	8	7		5
Serious Mental Health	0	0	0	0

NT % Deaths In IMD Deciles 1 or 2 Compared to % Deaths Aged Under 70 Apr-19 - Mar-22



### Analysis

- ♦ Total Adult deaths in Q4 2021/22 = 906. There has been an overall 9% decrease seen when compared to Q3 2021/22 . ( Reduction breakdown 8 % ABU, 14% SBU)
- ♦ Adult Business Unit deaths Q4 2021/22 = 790 Specialist Business Unit deaths =326 . 116 deaths were in Specialist services only and 210 in both Neighbourhood and Specialist teams.
- ♦ 67 deaths in Q4 2021/22 were reported as unexpected (100 Q3 . 77 Q2 , 78 Q1) There was a rise in unexpected deaths in Q3 which correlates to winter pressures . This has returned to within normal variation in Q4.
- ♦ 5 patients died who had a learning disability. This is a 28% reduction from Q3 2021/22.
- ♦ 5 patients died whilst receiving care on the virtual ward for frailty reflecting a 20% increase from Q3 2021/22, and in line with the increase in VW caseload numbers.
- ♦ 5 patients died in a Community Care Bed in Q4 2021/22 . This is a 40% increase from Q3 2021/22 where we had 3 deaths.
- ♦ 59% increase in patients dying in their own homes in year.
- ♦ 80% of patients achieved their 1st choice for preferred place of death. Levels have remained consistent for previous 4 quarter periods.
- ♦ 71% of patients had a verification of expected death completed in their own home . This is a slight reduction from the previous quarter which was 79% and is thought to be likely due to reduction in staffing/resource and increase in demand.
- ♦ **Equity** — Chapeltown (86%) & Beeston ( 78%) deaths from within deciles 1&2 . TB and Homeless Services also high but to be expected. Beeston and Chapeltown have 25% and 27% respectively deaths <70yrs. No trends re age band seen for SBU.

### Themes

- ♦ Increase in the number of patients requiring support for Motor Neurone Disease.
- ♦ Emergence of a theme related to an increase in transcribing errors anticipatory medications for symptom manage at end of life. LTH use different transcribing measurements which requires community staff to convert mls into mgs . A reduction in the presence of palliative care leads in teams . Chris Toothill in medicines management will monitor.
- ♦ Continued theme identified through mortality group of a small % of patients where staff had not effectively recognised the last hours of life /deterioration in patients condition. Lack of effective advanced planning for patients approaching end of life.

### Contribution to Making Stuff Better

- ♦ Digital solution to manage and streamline the mortality process has now gone live. 7 years mortality spread sheets will be archived as evidence of reviews and actions. No paper level 2 documents will be stored as they will remain within S1 as an audit trail.
- ♦ End of life symptom management guidelines for Adults has been reviewed, updated and ratified for use.
- ♦ New syringe drivers , guidance produced and training for use .
- ♦ Refreshed Leaflets for “ What to do after death” and a leaflet to support end of life for patients and carers.
- ♦ Recovery plan in place to support re-start for end of life training for staff .
- ♦ Meeting with Commissioners to review/develop community suction pathway.
- ♦ MND training to be provided to Neighbourhood Teams by Palliative Care consultant Dr Chris Kane.
- ♦ ABU Clinical Lead will be joining hospice staff to meet with a patient’s husband to explore his wife's end of life care journey .
- ♦ Next quarter report will include a short summary of the learning identified from LeDeR REVIEWS.

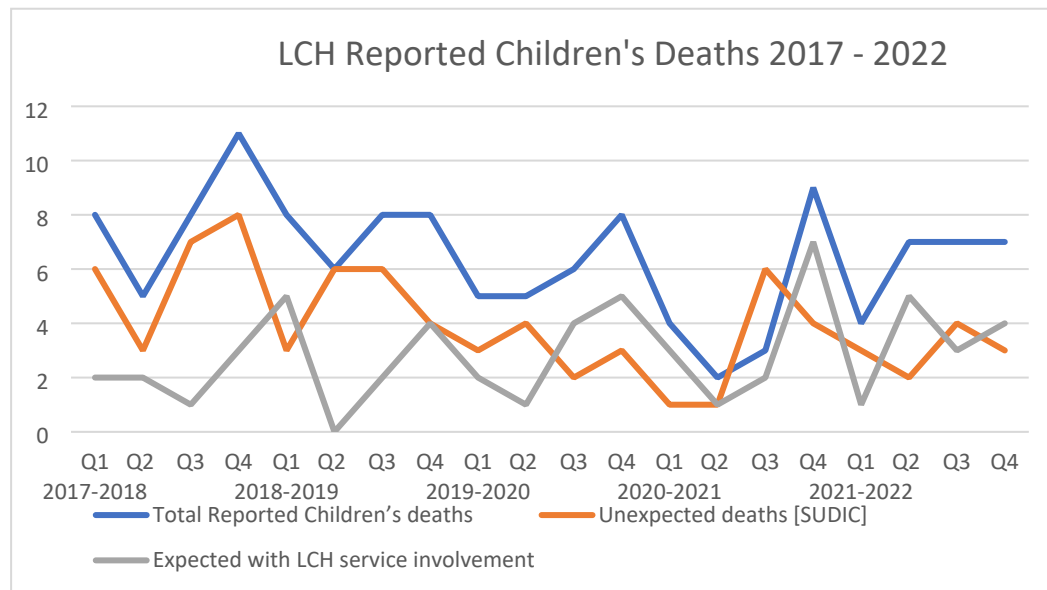
### Risks

- ♦ Lack of commissioned community suction care, this is being reviewed with commissioners. Prompted by an increase in patients particularly with MND requiring suction and more intensive healthcare needs.
- ♦ Potential for not meeting patient needs/ symptom management at EOL due to increasing numbers of patients choosing to die at home and limited Neighbourhood Team & Nights Service staff .
- ♦ Due to the ongoing escalation the Palliative Care Leads have been focussed on delivering patient visits in Neighbourhood Teams and is potentially contributing to an increase in transcribing errors for anticipatory medication





## Quantitative data



	2021-2022			
	Q1	Q2	Q3	Q4
Total Reported Children's deaths	4	7	7	7
Unexpected deaths [SUDIC]	3	2	4	3
Expected with LCH service involvement	1	5	3	4

Parents thanked the 'extraordinary humans' who cared for their child in health and in education and gave them the best life they could lead.

## Narrative

During the quarter there has been 7 Leeds child deaths.

3 SUDICs

3 year old where we are awaiting forensic post mortem who was known to Children's Speech and Language Therapy-19 PHINS and ICAN. No LCH learning identified.

17 year old who had a cardiac arrest. She was known to Children's Nursing Service, Children's Speech and Language Therapy, ICAN and 0-19 PHINS. Good transition of care to adult services was in place.

2 month old twin who had a cardiac arrest, known to 0-19 PHINS. Care Of Next Infant programme initiated for twin which is good practice.

4 Expected deaths with RESPECT documents in place. Good practice identified regarding MDT working: Martin house hospice, LGI, community nursing and ICAN in end of life care planning.

## Making Stuff Better

Child Death meetings have recommenced every 2 months with a new Chair Dr Nichola Aspinall. Nichola is a paediatrician in ICAN and also has a role in the Leeds CCG as Designated Doctor for Child Death.

CBU Quality Lead Sarah Hemsley has some dedicated time to reviewing Child Death meetings and processes to ensure that LCH learning is timely and shared appropriately.

Excellent attendance by all services across Children's Business Unit and eagerness to share learning including good practice in relation to deaths

## Risks/issues

Chair of the meeting is concerned regarding the time that is required to commit to making the LCH Child Death Reviews process better.

S1 Systems, processes & practices to keep people safe

S4 Medicines management

S5 Track record on safety

S6 lessons learned & improvements made

E1 Standards, legislation & evidence-based practice

E2 Outcomes of care & treatment

E3 Staff skills, knowledge & experience

R4 Listening & responding to concerns & complaints

**Trust Board Meeting held in Public: 27 May 2022**

**Agenda item number: 2022-23 (23b)**

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**Title: Annual Mortality Report 21.22**

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**Category of paper: For information**  
**History: Quality Committee 23 May 2022**

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**Responsible director: Executive Medical Director**  
**Report author: Executive Medical Director**

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## **Executive summary**

**Purpose:** To provide the Board with assurance regarding the Mortality figures and processes within LCH NHS Trust during 2021/22.

### **Key points for consideration:**

The percentage of patients choosing to die at home has been sustained above pre-pandemic levels and data suggests this may now be a new “normal” resulting from both more people being clearer they do not wish to die in hospital and a change in professional practice to support this more actively. This is positive in terms of achieving our End of Life outcomes, however it does need to be acknowledge this has a significant impact on the clinical workload for the neighbourhood teams, and on the Trust mortality process. A review of the process has resulted in a more proportionate number of cases being selected for Level 2 reviews, ensuring those with the most significant shared learning are selected now. All deaths on the Virtual Frailty Ward or in CCBs continue to receive a Level 2 review. The Trust has ceased conducting mortality reviews on non-Alliance CCBs, which are now under the responsibility of the CCG.

Despite the increased workload, no lapses in care related to end of life care have been recorded during the past year and no significant issues relating to the quality of care impacting upon patients or families experience of EOL care. The number of patients able to die in their first or second preferred place of death has been maintained consistently at over 75%.

The Trust database and centrally available mortality data for reporting is now reliable and robust and enables increased surveillance of any geographical area of type of death moving outwith control totals. All paper processes have been digitalised during 21.22 and the dataset has been strengthened during 21.22 in line with the Health Equity agenda. Conversations with neighbourhoods and LCPs during 22.23 as part of the Neighbourhood Team transformation and Health Equity work may provide insights into whether our offer can be altered to better meet the needs of the different communities that we serve.

It is noted that our numbers of deaths in patients with a learning disability or severe and enduring mental illness remain far lower than expected. Work has not progressed on this during 21.22 due to ongoing pressures related to the pandemic but this will be a priority for 22.23.

The system introduced to enable reporting of deaths within 30 days of hospital discharge was not successful during 21.22, and the data produced agreed by both LCH and LTHT to be inaccurate. Figures were not reported quarterly as a result and work has been undertaken to ensure a robust process for 22.23. Cases have continued to be identified and learning shared between the Trusts however.

### **Recommendations:**

Board is recommended to:

- Receive the assurance provided regarding the Trust mortality process during 20.22

- Note the positive contribution neighbourhood teams are making towards outcomes for end of life, but also the sustained increased workload resulting from an increased preference for dying at home
- Note the continuing low identification of patients with a learning disability or serious mental illness and the work planned for 22.23 to better understand this and increase identification and learning from these deaths
- Note the improved Health Equity dataset, further strengthening the Trust's already robust mortality data reporting and analysis, and that further work is planned in 22.23 together with the neighbourhood team transformation project, the Health Equity agenda and our Public Health consultant to better understand any changes required to better meet the needs of all the populations that we serve

## Annual Mortality Report 2020.22

### 1.0 Background

- 1.1 Leeds Community Healthcare NHS Trust has contact with a significant number of patients within the city, very few in an inpatient environment. For many of the people who die under the care of the NHS this is an inevitable outcome particularly given we provide a significant amount of end of life care in peoples own homes, and many receive excellent care in the time leading up to their death.
- 1.2 The Francis inquiry report<sup>1</sup> into the care failings identified at Mid Staffordshire Hospital Trust, identified one of the significant measures that was not acted on appropriately was a mortality rate significantly higher than expected for the Trust. The NHSE National Guidance on Learning from Deaths, 2017<sup>2</sup> provides the underpinning for the framework that NHS Trusts now follow. Within this it emphasises that “Community NHS Trusts should carefully consider which categories of outpatient and/or community patient are within scope for review taking a proportionate approach”.
- 1.3 Our responsibility as a Trust encompasses the following requirements:
- Ensure we have adequate governance arrangements and processes that include, facilitate and give due focus to the review, investigation and reporting of deaths.
  - Ensure that we share and act upon any learning derived from these processes.
  - Ensure adequate training and support is provided to staff to support this agenda
  - Have a clear policy for engagement with bereaved families, or carers, including giving them the opportunity to raise questions or share concerns and ensure that a consistent level of timely, meaningful and compassionate support and engagement is delivered and assured at every stage of the process
  - Have a clear Mortality and Learning from Deaths Policy that details how we respond to, and learn from, deaths who die under our management and care
  - Collect and publish on a quarterly basis specified information on deaths, through a paper and an agenda item to a public Board meeting in each quarter
- 1.4 Leeds Community Healthcare NHS Trust Mortality Review and Responding to Death Policy, renewed in January 2021 details our Trust response to both of these and clearly articulates our assurance process and governance surrounding mortality reviews and shared learning throughout the Trust and the wider system.
- 1.5 Deaths can broadly be categorised into unexpected and expected deaths, where an expected death results from an acute or gradual deterioration in a patient’s health status, usually due to an advanced progressive incurable disease. The death is anticipated, expected and predicted.
- 1.6 Within Leeds Community Healthcare NHS Trust all deaths, whether expected or unexpected, whilst a patient is under the care of LCH services and on an

active caseload are reported via Datix®. Exceptions to this are noted in the policy, the main one being if the death is already recorded in the Electronic Palliative Care Coordination Systems (EPaCCs).

- 1.7 All deaths are reviewed using the Level 1 assessment tool, whether unexpected or expected. If this identifies that a more in depth review is required the Level 2 mortality review tool must be completed and the case reviewed at the local Mortality Governance meeting.
- 1.8 Any deaths that fall under the Trust's Serious Incident policy (e.g. Death in Custody) will be investigated using the Serious Incident Investigation framework and policy.
- 1.9 Where the unexpected death is a child the death will be reported via the sudden unexpected death in infants and children (SUDIC) route and follow that process.
- 1.10 Leeds Community NHS Trust is committed to ensuring any learning from deaths is shared appropriately, as widely across the organisation as required and using a variety of methods.
- 1.11 We are committed to ensuring the Trust's Duty of Candour policy is followed, and that families are involved in both any investigation that takes place and any subsequent learning as appropriate, including from any lapses in care.

## **2.0 Current position**

- 2.1 In April 2020 the Mortality Surveillance Group ceased to become a stand-alone subcommittee within the Trust, and mortality reporting transitioned to the newly formed Quality Assurance & Improvement Group (QAIG). This new subgroup was formed with the approval of Quality Committee from the amalgamation of the previous Clinical Effectiveness, Patient Safety, Experience & Governance and Mortality Surveillance subgroups.
- 2.2 The Terms of Reference for QAIG were approved by Quality Committee in April 2020 and reviewed by the group in October 2020. QAIG has met regularly throughout 2021.22.
- 2.3 Business Unit mortality review and learning from deaths meetings have taken place regularly throughout 2021.22 and have been quorate throughout. The CBU meeting was temporarily without a formal chair during Q2 and Q3 but meetings continued regularly and a new chair has been appointed.
- 2.4 The Trust is compliant with the Learning Disabilities Review Programme (LeDeR) system for reporting any deaths in a patient with Learning Disabilities whilst under the Trust's care. During 2019.20 processes were incorporated into Datix® to ensure any learning disability (LD) deaths are reported to the LeDeR program. The Trust has representation on the LeDeR meetings across the city and the ICS where feedback is given.
- 2.5 Since 20.21 the Trust has moved to a position where Adult (Adult and Specialist Business Unit) deaths are considered together, including joint mortality review meetings. This has reduced duplication, but also increased the opportunity to explore areas where different services could work together better for the same patient.

- 2.6 SBU continue to review 5% of deaths from patients under the care of services who fall without the terms of our mortality review process to ensure that this remains appropriate and whether any learning can be identified.
- 2.7 The neighbourhood team control totals established during 19.20 are now well established, and enhanced surveillance and review has been instigated appropriately whenever a neighbourhood team has breached its upper control total.
- 2.7.1 From Quarter 3 of 19.20, the Trust agreed to undertake the mortality reviews for the Non-Alliance Community Care Bed Bases, at the request of the CCG. These deaths had not previously been under formal review and were incorporated under the standard Trust process. During 21.22 the responsibility for these reviews was returned to the CCG reflecting the need for an independent body to identify common themes across all providers, the fact it was not felt appropriate for us to be reviewing deaths that occurred under the care of another provider and the increasing workload within LCH reviewing the deaths under our care.

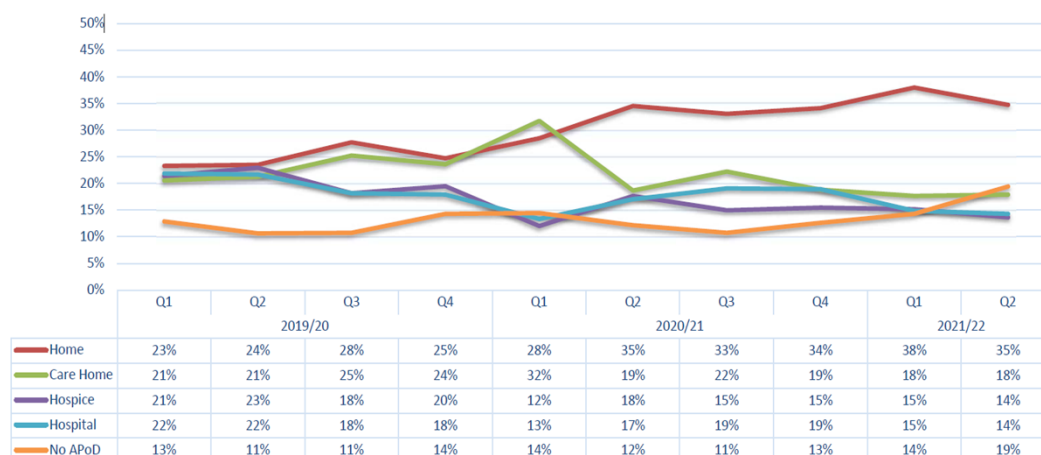
## 2.8 Adult Business Unit

### 2.8.1 Mortality Data

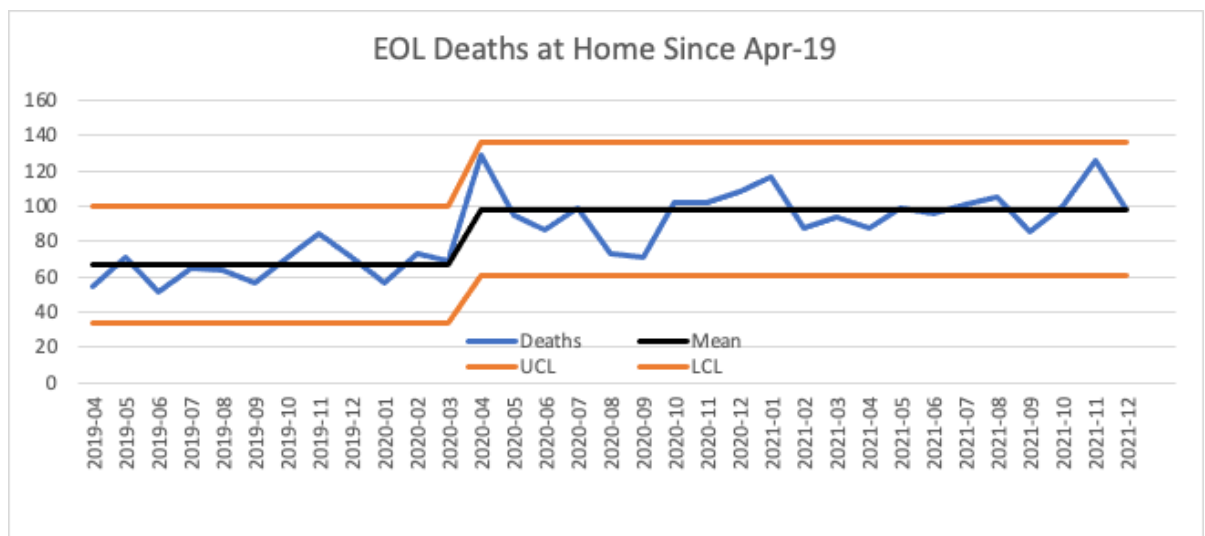
Data	Q1	Q2	Q3	Q4	YTD	2020.21
Level 1	987	581	624	592	<b>2784</b>	1963
Level 2	290	116	163	143	<b>712</b>	679
Unexpected deaths	78	77	100	67	<b>322</b>	257
Expected deaths	352	498	522	462	<b>1834</b>	1822
Alliance CCB deaths (all reviewed in AMR Meeting)	4	1	3	5	<b>13</b>	23
Virtual Ward deaths	8	4	5	5	<b>22</b>	5 (commenced Q3)
LeDeR	8	7	3	5	<b>23</b>	2
Serious Mental Health	0	0	0	0	<b>0</b>	1

- 2.8.2 Whilst the acute impact of Covid19 has been less apparent nationally during 21.22, the impact on the neighbourhood teams has been sustained and the data suggests that the active support for people who choose to die at home is continuing.

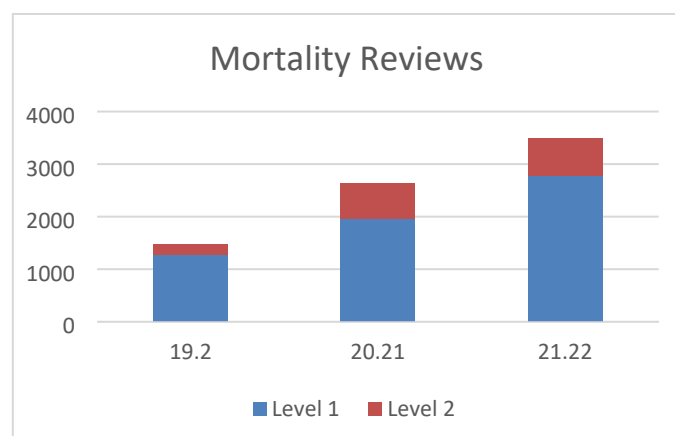
Actual Place of death data from Leeds CCG 21.22:



- 2.8.3 After the initial spike of Covid19 related deaths in April 2020 the number of end of life deaths at home initially looked to be returning to pre-pandemic levels, but statistical analysis now shows a sustained step change since the second wave in October 2020:

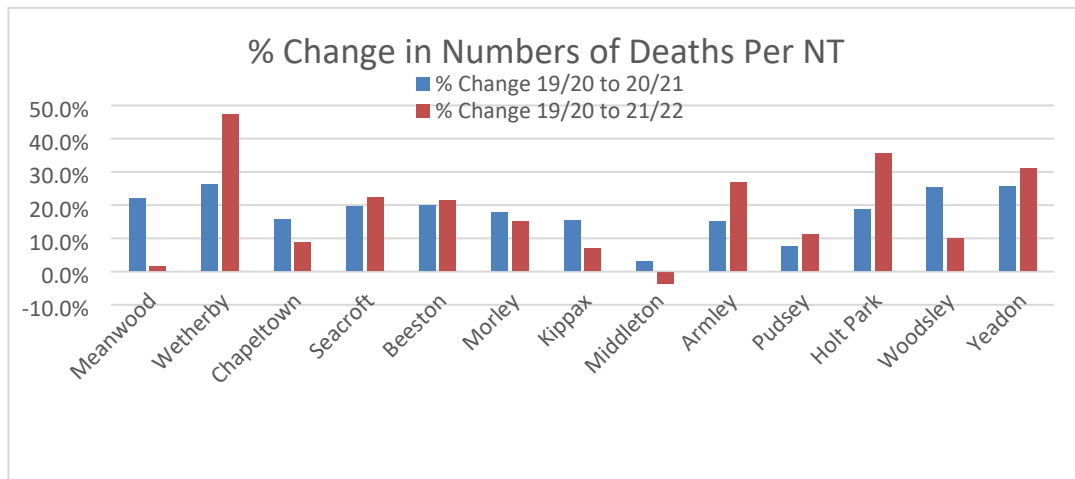


- 2.8.4 There is both an impact on the requirement for increased direct clinical care delivery to these patients and the associated mortality and learning from deaths review process. The number of Level 1 & 2 mortality reviews completed over the past three years reflect this increased workload on the Adult Business Unit:



- 2.8.5 The continuing increase in the number of learning from death reviews has led to a review of the process. This has resulted in a more proportionate strategy ensuring the cases selected for Level 2 review are those with the most new and significant learning. All CCB and VFW deaths continue to be reviewed.
- 2.8.6 Neighbourhood team caseload remains remarkably consistent with around 3130 patients on caseload in any given month (range 3097-3159). Prior to the pandemic a higher proportion of deaths occurred in the NT caseloads for Middleton and Seacroft areas. The biggest increases over the past two years have been seen in Seacroft, Beeston, Wetherby and Holt Park.



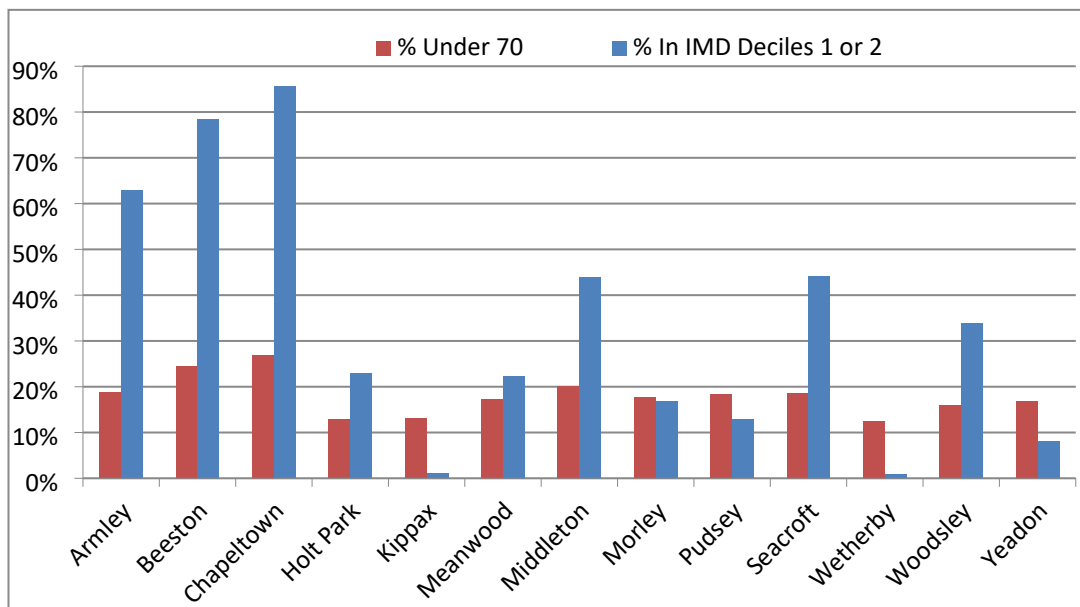


The data shown maybe due to a number of reasons. At the start of the pandemic there was a recognition that the impact of the pandemic would be initially on the direct mortality and morbidity due to Covid19, but at the same time there was acknowledgment that there would also be other impacts e.g. delayed urgent care; on the severity of long term conditions and on wider impacts such as de-conditioning, mental health etc. It is known that the pandemic also led to a significant increase in non-covid deaths at home (Kings Fund research shows this went from 24% to 33%), which the ONS suggests are people who would have died in hospital in 'non Covid' times.

- 2.8.7 Despite the large increase in neighbourhood team caseload, and the additional pressures on these teams from the impact of the pandemic, the Trust maintained high levels of patients accessing their first or second preferred place of death (PPD). More than 75% were consistently supported to achieve their 1<sup>st</sup> choice PPD, and 80% to achieve their 1<sup>st</sup> or 2<sup>nd</sup> choice PPD in all but September 2020 (79.4%), comparable to 19.20 and 20.21.

### 3.0 Demographic data and health equity analysis

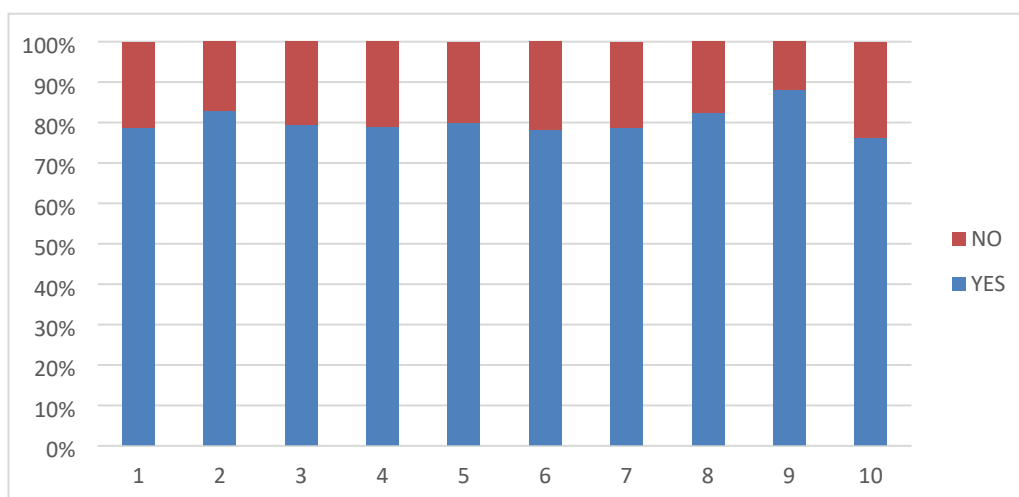
- 3.1.1 Demographic data shows that the greatest impact since April 2020 was on the population over the age of 60, but predominantly on the over 70s, there is no marked deviation in gender from pre-pandemic. The impact of the pandemic on the over 70s appears to be returning to normal levels over the past quarter as the acute impact of the pandemic recedes, and an early trend has been noted in younger cancer diagnoses under our care. This will continue to be monitored.
- 3.1.2 Analysis of neighbourhood teams' mortality by age and IMD deciles 1 or 2 shows that there are a significantly higher percentage in Chapelton, Beeston and Armley. This correlates with our understanding of the population in these neighbourhoods with 90% of patients on the caseload in Chapelton residing in IMD decile 1, 63% in Beeston and 62% in Armley.



**NT % Deaths In IMD Deciles 1 or 2 Compared to % Deaths Aged <70 Apr-19 - Mar-22**

3.1.3 Analysis of data by each neighbourhood team and IMD decile confirms that Beeston NT has seen a sustained percentage of deaths in IMD Decile 1&2 (72-90%) above that of the population percentage in those IMD deciles (63%) for the duration of the pandemic. Further work is planned with this LCP and our Public Health Consultant to understand this further.

3.1.4 Initial analysis of PPD by IMD decile shows no clear correlation, suggesting that IMD decile does not affect whether PPD is achieved or not:

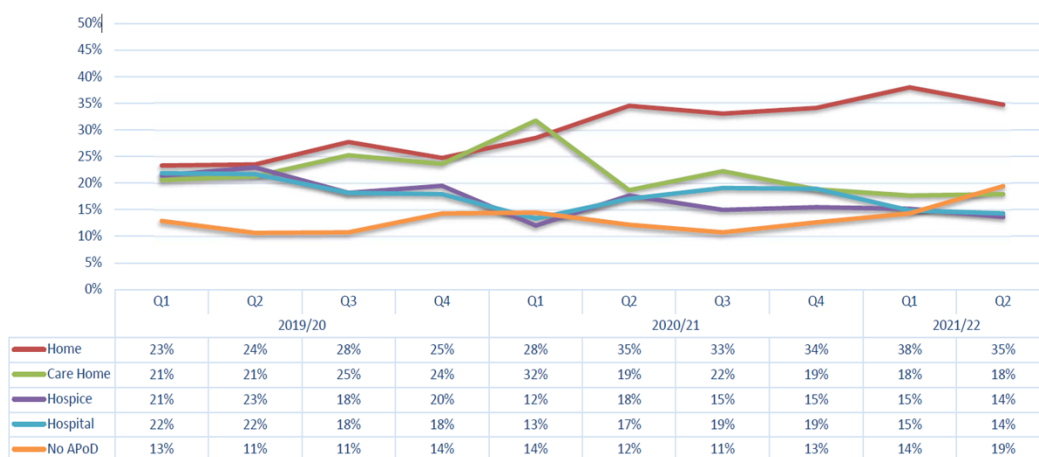


3.1.5 Analysis of PPD by ethnicity since 2019 shows 1.5% point difference between White (80%) and all other ethnic groups combined (78.5%), although there is variability between aggregated ethnicity groups and over time. Further developments for next year will require statistical significance testing and analysis of disaggregated ethnicity data to understand and, where appropriate, take action to improve achievement of PPD in any specific communities.

<b>Ethnicity</b>	<b>19.20</b>	<b>20.21</b>	<b>21.22</b>	<b>Total 19-22</b>
Asian or Asian British	76% (29)	86% (49)	93% (41)	<b>86%</b> <b>(119)</b>
Black or Black British	57% (14)	91% (32)	58% (19)	<b>74%</b> <b>(65)</b>
Mixed	56% (9)	68% (19)	100% (9)	<b>73%</b> <b>(37)</b>
Other Ethnic Groups	50% (6)	78% (9)	100% (11)	<b>81%</b> <b>(26)</b>
White	78% (1530)	81% (1906)	80% (1351)	<b>80%</b> <b>(5237)</b>
Not Known	81% (26)	77% (35)	69% (16)	<b>77%</b> <b>(77)</b>
Not Stated	80% (40)	85% (68)	67% (18)	<b>81%</b> <b>(126)</b>

### 3.2 Learning and improvements during 21.22

- 3.2.1 There has been an increase in the numbers of ABU registered nurses able to verify death, during 21.22 ABU RNs verified 70% of expected deaths on our caseload.
- 3.2.2 The neighbourhood teams continue to support an increased number of patients with increased complexity due to the enhanced NT offer created in 20.21 and the expansion of the Virtual Wards. Virtual Ward caseload is now on average 40 patients per month, with a resulting positive impact on system flow and hospital capacity.
- 3.2.3 RESPECT was rolled out in the city during 20.21 to improve anticipatory end of life care planning and the use has increased across the city (figure below). It is possible that this has resulted in improved earlier conversations with patients regarding their preferred place of death, and increased awareness of the options available to them in advance of terminal decline.



- 3.2.4 Despite altering our Level 1 review forms during 19.20, identification of patients with a learning disability (LD) or severe and enduring mental illness (SMI) has remained significantly lower than the community prevalence. The Trust continues to work with partners across the city to improve this, and to better identify these patients whilst the utilisation of primary care read codes is established through improved transferability between data systems. These figures have not improved during 21.22, potentially due to increased workload pressures and staff working outwith their usual areas to support during the system pressures, and will be a priority for 22.23
- 3.2.5 The Trust progressed work with colleagues in secondary care during 19.20 to ensure that deaths within 30 days of discharge from hospital are reviewed in a coordinated manner, and from Quarter 4 19.20 were able to identify these patients within our Level 1 reviews. Unfortunately during 21.22 it became apparent that the data sets were flawed and the process agreed between LCH and LTHT had stopped working effectively. Cases identified have still been prioritised for shared learning, but the data has not been reported during 21.22 due to agreed inaccuracy of the figures. The process and data set have been reviewed and re-agreed between the two Trusts and reporting will recommence in Quarter 1 of 22.23.
- 3.2.6 The Trust continues to work with colleagues in primary care to improve coordinated review of deaths in the community. Primary care are routinely invited to attend or contribute to all Level 2 review meetings when their patients are being discussed, and work will continue during 22.23 to increase the engagement and opportunities for shared learning.

### 3.3 Childrens Business Unit

#### 3.3.1 Mortality Data

Deaths within Children's Business Unit, with 2020.21 data for comparison:

	Total number of mortality reported incidents 2021/22					2020.21
	Q1	Q2	Q3	Q4	<b>YTD</b>	
Total Reported Children's deaths	4	7	7	7	<b>25</b>	18
Unexpected deaths [SUDIC]	3	2	4	3	<b>12</b>	9
Expected Deaths [CDOP]	1	5	3	4	<b>13</b>	9

- 3.3.2 There are established robust processes within Children's services around unexpected deaths via the sudden unexpected death in children (SUDIC) process and Child death overview panel (CDOP).
- 3.3.3 The Trust continues to be an integral partner in the Leeds Child Death Review Panels and processes. For each possible scenario there is a designated primary organisation to arrange the Child Death Review Meeting (CDRM) and

notify CDOP. LCH would organise the review meetings for those child deaths that have a chronic condition, have an expected death at home and have the death certified by the GP.

- 3.3.4 CBU Learning from Deaths meetings have taken place regularly, although without a formally nominated chair for Q2 and Q3. Learning from child deaths during 21.22 has included Bath Time Duck reminders for colleagues and stickers that are now included in the Parent Held Record. Bath Time Duck is a citywide strategy to support parents and carers in keeping their baby or child safe during bath time which reminds them of the key messages. Work continues to ensure that appropriate reflective learning can take place at each stage of the process, in view of the prolonged nature of investigations and reports into the death of a child.

#### **4.0 Next steps**

- 3.2 Work continues with partners in the city to establish more inclusive reviews for patients whose care has cross organisational boundaries, and whilst progress has been made in this regard during the past two years it is planned to continue to seek cross-organisational input in a more robust and reliable way. The move to an Integrated Care Partnership model for the city may provide alternative fora and processes by which this can be improved further.
- 3.3 The Trust database and centrally available mortality data for reporting is now reliable and robust, and enables increased surveillance of any geographical area of type of death moving outwith control totals. The dataset has been strengthened during 21.22 in line with the Health Equity agenda. Conversations with neighbourhoods and LCPs during 22.23 as part of the Neighbourhood Team transformation and Health Equity work may provide insights into whether our offer can be altered to better meet the needs of the different communities that we serve.
- 3.4 Work is planned with the Learning Disability lead to better understand why our numbers of deaths in patients with a LD are much lower than would be expected, and to strengthen both our reporting and cascade of learning from LD deaths.

#### **4 Recommendations**

- 4.1 Board is recommended to:

- Receive the assurance provided regarding the Trust mortality process during 21.22
- Note the positive contribution neighbourhood teams are making towards outcomes for end of life, but also the sustained increased workload resulting from an increased preference for dying at home
- Note the continuing low identification of patients with a learning disability or serious mental illness and the work planned for 22.23 to better understand this and increase identification and learning from these deaths
- Note the improved Health Equity dataset, further strengthening the Trust's already robust mortality data reporting and analysis, and that further work is planned in 22.23 together with the neighbourhood team

transformation project, the Health Equity agenda and our Public Health consultant to better understand any changes required to better meet the needs of all the populations that we serve

## **5 References**

- 5.1 The Mid Staffordshire NHS Foundation Trust Inquiry: Independent Inquiry into care provided by Mid Staffordshire NHS Foundation Trust, January 2005 to March 2009, volume 1, chaired by Robert Francis QC, published 24 February 2010.
- 5.2 National Guidance on Learning from Deaths, National Quality Board, First edition March 2017

**Trust Board meeting held in public Meeting: 27 May 2022**

**Agenda item number: 2022-23 (24)**

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**Title: 2021/22 Annual Procurement Report**

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**Category of paper: For information and assurance**

**History: Business Committee 25 May 2022**

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**Responsible director: Executive Director of Finance and Resources**  
**Report author: Deputy Director of Finance and Resources and Procurement Manager**

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**Executive summary (Purpose and main points)**

**This paper has been prepared in line with the Trust's Procurement Strategy to give the Committee an oversight of the procurement activity and performance during 2021/22.**

**Main issues for consideration**

Procurement has a key role to play in supporting the delivery of high-quality patient care whilst ensuring value for money is achieved. This has never been more evident than during the NHS response to the Covid-19 pandemic and the demands for PPE in particular. The demands on procurement and expectations of the efficiencies required are increasing, and organisations need to be able to respond to these challenges. Tight legislation and operating in an increasingly litigious and austere environment mean that making the right purchasing decisions at the right time has never been more important.

The Trust Board and Senior Management Team are instrumental in supporting the procurement agenda and ensuring the Trust can demonstrate good practice and compliance.

This report provides the Board with an update on the progress of implementing the Trust's Procurement Strategy.

**Recommendations:** The Board is asked to

- Note the impact the pandemic has had on the procurement function's ability to achieve its ambitions and objectives for 2021/22.
- Note the 2020/21 objectives that were carried forward into 2021/22 will be taken forward again into 2022/23 to further implement the Procurement Strategy and disseminate good practice, strengthening governance and improving efficiency.



## **2021/22 Annual Procurement Report**

### **1. Introduction**

This Annual Procurement Report to the Trust Board aims to provide assurance and information regarding the efficacy of the procurement processes and evidence the delivery of the Procurement Strategy in support of the Trust's Corporate Objectives.

The report includes 3 main sections:

- Overview of the Procurement Structure, Activity & Key Performance Indicators
- Assessment against the NHS Procurement Standards
- Future Work Plan

### **2. Overview of Procurement Structure & Key Performance Indicators**

#### **2.1 Overview of Procurement Structure**

The procurement structure remains as reported last year with the Trust's Procurement Manager being supported by a PPE and Supplies Assistant in providing support for the Trust's purchase to pay (P2P) processes and in working closely with Leeds & York Partnership NHS Foundation Trust (LYPFT) Supplies department who deliver the transactional processes through an inter-trust contract. LYPFT also provides a logistics support team who provide warehousing and stock distribution.

The Executive Director of Finance and Resources continues to look at developing the procurement function. LYPFT's Supplies department have engaged a Transformation Director to review the supplies and logistics function and produce a strategy of change which will be agreed by both Trusts prior to implementation. Operational challenges with LYPFT have delayed this work. The work will also take into account developments at ICB level where appointing a procurement lead was among the first tasks from a 34-step guide produced by NHSE last January setting out how to get to ICS-based procurement.

LCH continues to be a member of the North of England Commercial Procurement Collaborative (NOECPC); with access to framework agreements and additional opportunities, through collaboration with other members. The team at the Collaborative continue to provide informal support and advice. This year the collaborative provided the Trust with a rebate based on the level of activity against its frameworks which equates to around half of the annual membership fee. It is hoped this trend will continue to grow and deliver a cost neutral service.

2.2 Activity & Key Performance Indicators

2.2.1 Savings Achieved

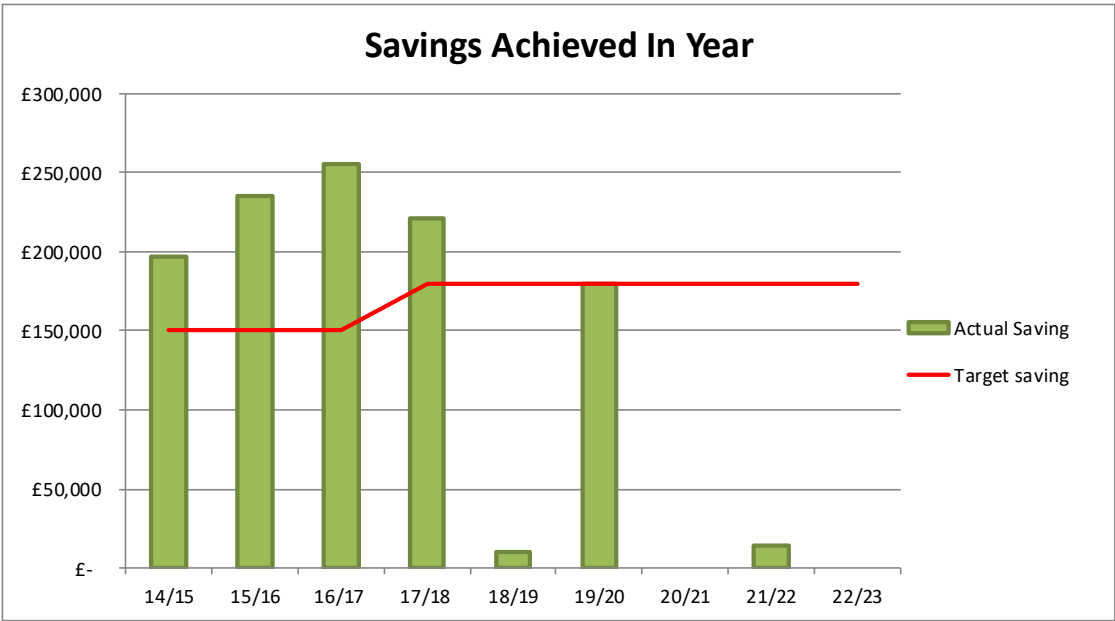


fig.1

The Procurement function was tasked with delivering a £150k saving in each year since 2014/15, and in 2017/18 this target was increased to £180k (fig. 1).

The emergency financial regime introduced in response to the pandemic suspended the need for cost savings in 2020/21. The focus on PPE has meant that no savings were identified in 2021/22. A small saving was identified as per the membership rebate provided by the NOECPC.

During 2021/22 the work on the reduction of product mix within the catalogue system had to be suspended due to pressures on the LYPFT supplies team. It is expected that this will generate significant savings and provide a consistent product mix across the organisation once it is implemented and is a priority objective of the LYPFT Procurement Strategy being drafted.

2.2.2 Purchase Order (PO) Usage

Procurement focuses on non-pay expenditure and in particular “trade spend”.

**Trade Spend** is the expenditure usually with the commercial sector and is influenceable by Procurement, it includes capital spend.

In 2021/22 the overall non-pay spend for the Trust was £58m, of which Trade spend was £32.4m, a £3.2m increase on 2020/21.

Within the trade spend, approximately 90% is procured through public sector frameworks and contracts (i.e. National Procurement Frameworks, and Crown Commercial Services Frameworks). The remaining expenditure is managed within the Trust by local contracting activity.

As part of the management of the local contracting activity the Trust has had a

programme in place to move non-pay expenditure from non-purchase order to purchase order. The use of purchase orders improves financial control and aids financial management in that the Trust is aware of intended spend before it happens.

The chart (fig. 2) below shows the trend of purchase order activity and since the Procurement Manager started at the Trust; over the past 5 years this has stabilised at around 70%, the Procurement Manager is reviewing ways of improving this situation in 2022/23. Non-trade supplies (e.g., utility companies) are removed from the analysis as it would be in-efficient to manage these via purchase orders.

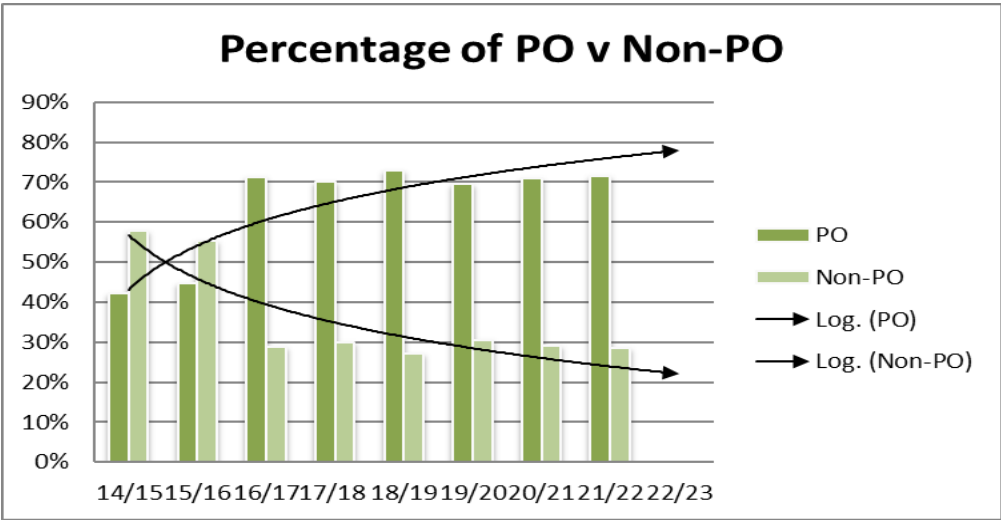


fig. 2

The Procurement function continues to work with services to maximise the use of PO, support queries in respect of the Purchase to Pay (P2P) system and to promote awareness of statutory requirements as part of the organisation’s leadership training programme. For 2021/22 the Trust planned to reduce the non-PO expenditure by a further 4% in favour of PO expenditure in line with the Procurement Strategic objectives, however this was not achieved due to the continued focus on delivering the PPE needs of the Trust and supporting the resetting of services.

The plan for 2022/23 is to continue to monitor compliance retrospectively and seek alternative routes to improve the position on the non-PO expenditure, this will be achieved by working closer with the estates department, and with the business unit managers and clinical leads to support the catalogue rationalisation and provide support to services as they reset and look at new ways of working.

2.2.3 Single Tender Waivers

When the Trust needs to procure goods or services outside of the standing financial instructions a formal waiver must be approved by the Directors; these are reported during the year to Audit Committee with an explanation as to why the routine processes were waived. Fig. 3 below demonstrates the number of waivers for the last eight years. There has been a large increase in the

number of waivers due to the continued effects of the pandemic and the need to procure goods quickly in support of service delivery. It is our intention that in the coming year we will engage with Business and Planning Managers to ensure early engagement in any projects and to ensure that the appropriate procurement routes are used.

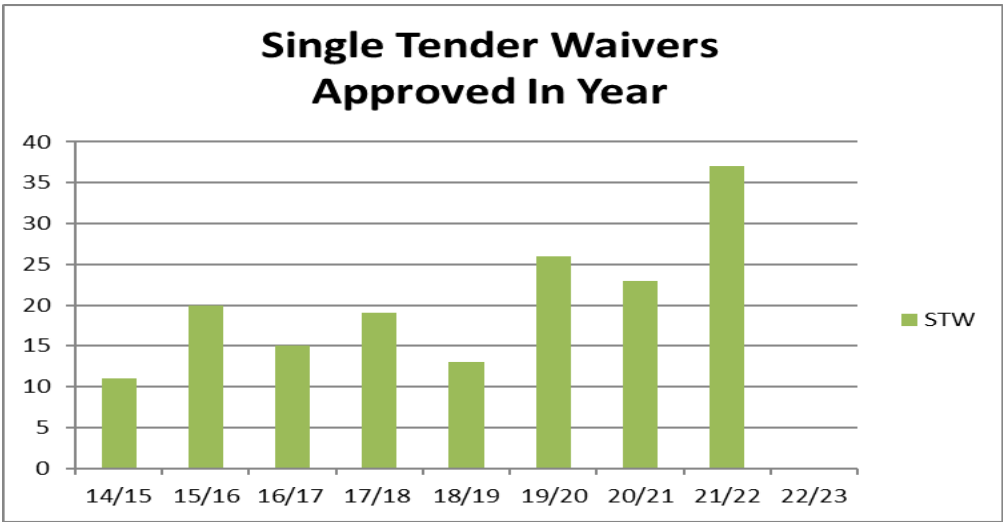


fig. 3

2.2.4 Contracts

Figure 4 below demonstrates the cyclical trend of contracts awarded. There was an initial push to get expenditure on a more formal contract footing from 2014. In subsequent years the numbers have reduced as it reflects ongoing management of spend.

Most contracts are let on a three-year basis and in 2017/18 formal contracts started to increase and continued to increase in 2018/19. In 2019/20 the cycle reset with a reduction in the number of formal contracts let, this flat lined in 2020/21 with the need for procurement and supplies to focus on delivering PPE for the Leeds trusts. It was envisaged that the implementation of the catalogue system the number of contracts in 2021/22 would increase, however this was paused due to issues within the LYPFT supplies team. Progressing this will be the focus of the procurement team for 2022/23 and is to be considered as part of the new strategy LYPFT colleagues are developing.



fig. 4

### 3. NHS Procurement Standards

In the past we have reported our position against the NHS Procurement Standards which had 6 sections

1. Strategy & Organisation
2. People & Skills
3. Strategic Procurement
4. Supply Chain
5. Data, Systems and Performance Management
6. Policies & Procedures

In May 2021 the Government introduced a new assessment tool across the whole of the public sector the Commercial Continuous Improvement Assessment Framework

#### 3.1 Purpose and scope of the framework

The Commercial Continuous Improvement Assessment Framework (CCIAF) is designed to help drive continuous improvement in commercial practices across the Government Commercial Function (GCF) and wider public sector by enabling organisations to benchmark their commercial operations against good practice. Participating organisations will form part of a network to share commercial insights, common challenges and lessons learned.

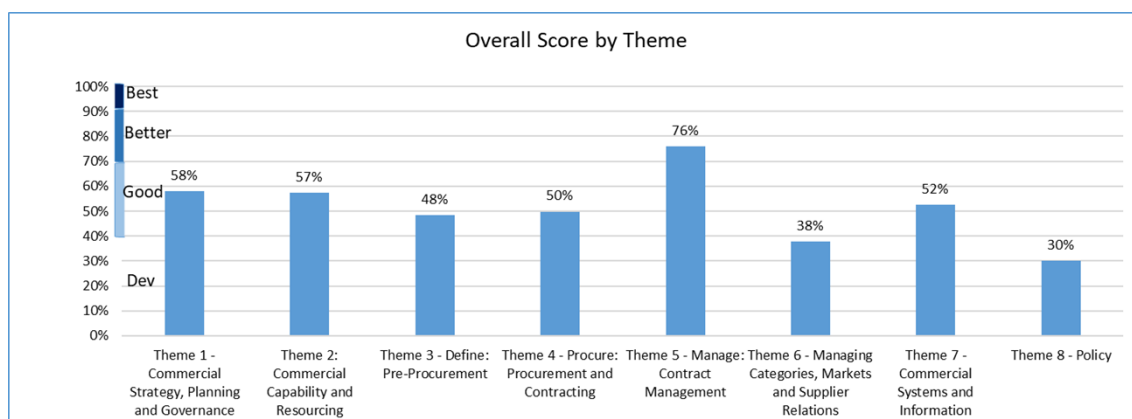
This framework updates the Government Commercial Operating Standards (GCOS) Assessment Framework GovS 008: Annex E which was successful in raising standards across central government. The Framework is closely aligned to the Government Functional Standard for Commercial (GovS 008) which provides further context for the content within this framework and additional general commercial guidance for organisations.

The intention is for all addressable contracted third party spend in an organisation to be in scope. Some organisations may exclude certain subsidiaries, spend categories or geographies and this should be stated in their submission within the 'commercial spend under assessment' section of the self-assessment tool. In these circumstances there should be justification and confirmation of the reason for exclusion in line with sector specific governance procedures.

The Framework has 8 'themes'

- Theme 1. Commercial strategy, planning and governance
- Theme 2. Commercial capability and resourcing
- Theme 3. Define: pre-procurement
- Theme 4. Procure: procurement and contracting
- Theme 5. Manage: contract management
- Theme 6. Managing categories, markets and supplier relationships
- Theme 7. Commercial systems, reporting and information
- Theme 8: Policy

Having performed the self-assessment the graph below shows our current position prior to a peer review (the process for which has yet to be defined and agreed)



## 4. Future Work Plan

The Trust will work to improve its compliance with the Commercial Continuous Improvement Assessment Framework. This work forms part of the detailed objectives for the Procurement Manager with progress being monitored through the year within the Finance Directorate.

### 4.1 Transforming Public Procurement

As we move out of the two years of relaxed procurement controls the Government is introducing more structure to the function of public procurement with the introduction of some controls set out in the Transforming Public Procurement green paper and the Government's response which suggested a more open and collaborative approach to public sector procurement. To this aim the Department of Health tendered for a procurement tool that would allow the public sector to share information and run tender exercises, whilst not mandated it is highly recommended that Trusts sign up to the system with the first stage being the publishing of a workplan (pipeline) in the Atamis Health Family system. The Trust will be part of the fourth wave of organisations that take on this system, which is currently in the process of rolling out the second wave, so it is envisaged that we'll be encouraged to participate sometime towards the middle of the year.

### 4.2 Tenders and Contracting

High spend areas of the non-PO expenditure will be reviewed to look at formalising agreements ie contracts or one-off PO's.

All high spend opportunities are advertised on the Trust's tender portal (currently InTend), the Trust, along with LYPFT, will be moving to the Atamis system. Where a Regional/National Frameworks exist, these will be utilised by either, a direct call-off for the Trust's requirements, or by entering a further competition/tender with the vendors on the Framework to obtain best value.

NHS SBS introduced the long-awaited catalogue system in the last quarter of 2019/20. From 2020/21 the Supplies Team have been populating the system with supplier catalogues. This allows requisitioners to order goods as stock where they were previously placing non-stock orders. It also streamlines products available and should make the requisitioning process more straight forward for users as well as improve PO compliance. Use of the catalogues will also reduce discrepancies between purchase orders and the invoice matching process speeding up payment

and making the process more efficient.

The procurement function, in conjunction with the supplies team, are looking at suppliers that can offer products via the catalogue solution and are working with these suppliers to ensure a smooth transition, supporting services in locating products and ensuring that the appropriate goods are purchased in a controlled way. The catalogue roll out will be a major focus for 2022/23.

#### 4.3 Purchase Order Compliance

The focus for 2022/23 will be to look at alternative ways of monitoring compliance with purchase orders and in supporting staff to requisition in the right way.

#### 4.4 Collaborative Procurements

The Trust continues to work closely with NHS Supply Chain. Their objective is to provide 80% of all goods required by the NHS.

The Trust is looking to work more closely with LYPFT's supplies department by implementing a more integrated approach to the delivery of the service; building on current arrangements and align staff to help deliver an enhanced service. LYPFT have appointed a Transformation Director to drive this forward.

The Trust continues to work closely with other partner organisations and wherever possible activity is combined to achieve potential economies of scale. The Trust's continued membership of the NOECPC allows the Trust to work with other NHS organisations on strategic projects. The Trust continues to work with the Leeds Anchors Network which is looking at the wider public sector collaboration opportunities within the City of Leeds.

#### 4.5 Risks to progress

In Q3 NHS SBS repatriated some of its services from abroad. This resulted in a significant delay in the processing of invoices, backlogs in scanning and therefore payments to suppliers. Consequently, during Q4 the Trust and SBS experienced a significantly higher number of queries to deal with and as a last resort many manual payments had to be made to ensure supplies continued. SBS continues to work hard to address matters and the situation is slowly returning to normal.

There have also been issues with the LYPFT supplies service, where staff turnover has impacted on the service being delivered to the Trust. This also impacted on the workload of the Finance team particularly during March and April as accounts needed to be brought up to date.

LYPFT have also experienced a delay in appointing a new catalogue lead which has pushed back the development of any additional catalogues and is causing issues with existing catalogue not getting updated in a timely manner. The Trust is working collaboratively with LYPFT to ensure the service of the future is fit for purpose.

### 5. Conclusion

The annual reporting of the progress in implementing the strategy and the general performance of the procurement function is provided to the Trust Board for assurance on procurement matters. Appendix 1 sets out the objectives and relevant



performance measures for the continued delivery of the procurement strategy in 2022/23.

## **6. Recommendation**

The Board is asked to:

- Note the impact the pandemic has had on the procurement function's ability to achieve its ambitions and objectives for 2021/22.
- Note the 2020/21 objectives that were carried forward into 2021/22 will be taken forward again into 2022/23 to further implement the Procurement Strategy and disseminate good practice, strengthening governance and improving efficiency.

**Appendix 1: Procurement Objectives and performance measures for 2022/23 from the Procurement Strategy.**

Procurement Objectives		2022/23	KPI Measure	Target	Action
Strategic Objectives					
1	Governance	Provide EDoF regular reports and an Annual Report to Business Committee			Provide quarterly KPI updates and produce Annual Report
2	Ensure legal compliance	Increase contract coverage	Replacement of contract before expiry	99%	Ensure 99% of existing contracts are replaced prior to expiry.
3	Improve Purchase-to-Pay	Automate matching of electronic catalogue orders	Non-pay cost improvement (including cost increase avoidance)	4%	Embed NHS SBS's catalogue system and commence work on rationalising product base.
Operational Methodology					
1	Maximise contract coverage	Collaborative tenders with local, regional and national partners	Contracts as a % of total spend	75%	Ensure 75% of spend is covered by formal contracts
2	Ensure compliance to SFIs	Manage the number of suppliers	Reduce supplier base	-10%	Further roll out of catalogue system will assist in the streamlining of suppliers
3	e-commerce	Embed catalogue system	Number of orders raised	+5%	Embed NHS SBS's catalogue system
4	e-Invoicing	Improve Supplier access to NHSSBS's e-Invoicing system	Review of Contractors performance	25	Undertake 25 supplier reviews, advise suppliers of benefits of e-Invoicing system
5	Stock Control / Materials management	Reduce stockholding, rationalise products via Clinical Procurement Group	Product standardisation / reduction of items (dependent on catalogue system)	-5%	Utilise the catalogue system once implemented.

Public Board workplan 2022-23  
Version 1: 03 04 2022

Topic	Frequency	Lead officer	3 December 2021	4 February 2022	31 March 2022	27 May 2022	17/06/2022 End of year	5 August 2022	7 October 2022	2 December 2022
Preliminary business										
Minutes of previous meeting	every meeting	CS	X	X	X	X		X	X	X
Action log	every meeting	CS	X	X	X	X		X	X	X
Committee's assurance reports	every meeting	CEs	X	X	X	X		X	X	X
Patient story	every meeting	EDN&AHPS	Staff story X	X	X	X		X	X	X
Quality and delivery										
Chief Executive's report	every meeting	CE	X Inc system pressures update	X Inc system pressures update	X Inc system pressures update	X Inc system pressures update		X	X	X
Performance Brief	every meeting	EDFR	X	X	X	X		X	X	X
Performance brief:Measures for inclusion in the performance brief	Annual	EDFR			X					
Performance Brief: annual report	Annual	EDFR				X				
Significant risks and risk assurance report	every meeting	CS	X	X	X	X		X	X	X
Care Quality Commission inspection reports	as required	EMD								
Quality account	annual	EDN&AHPS				X				
Mortality report	4 x Year	EMD	X -blue box	X -blue box		X plus annual report 2021-22 Blue box		X -blue box		X -blue box
Staff survey	annual	DW			X					
Safe staffing report	2 x year	EDN&AHPS		X -blue box				X -blue box		
Seasonal resilience	annual	EDO							X	
Business Continuity Management Policy	As required	EDO								
Serious incidents report	2 x year (Feb and August)	EDN&AHPS		X -blue box				X -blue box		
Patient Safety Report	2 x year (Feb and August)	EDN&AHPS		X -blue box (Deferred)				X -blue box		
Patient experience: complaints and concerns report	2 x year (Feb and August Annual report)	EDN&AHPS		X Six monthly report - not presented as blue box this meeting				X Blue box Annual report		
Freedom to speak up report	2 x year (Feb and Aug)	CE		X				X Annual report		X
Guardian of safe working hours report	4 x year	EMD	X		X	X Quarterly report 2021-22 Annual report		X		X
Strategy and planning										
Organisational (Trust) priorities position paper	Annual	EDFR			X 2022-23 new					
Trust priorities update	3x year February/May/Octob	EDFR/EDN&AHPS	X blue box	X blue box (not presented)		X blue box end of year report			X -blue box	
Third Sector Strategy	2x year (March and October)	EDO		X -blue box (Deferred March)	X -blue box				X -blue box	
Estate Strategy	2xyear (March and October)	EDFR			X deferred August			X Blue box item	X Blue box item	
Digital Strategy	2x year	EDFR			X -blue box				X -blue box	
Business Development Strategy	2x year	EDO			X -blue box not presented in March 2022				X -blue box	
Business Intelligence Strategy	2x year First presented Feb 2022 and August	EDFR		X				X -blue box		
Learning and Developement Strategy	2x year (October and March)	DW			X -blue box not presented in March 2022				X -blue box	
Engagement Strategy	2xyear (March and October)	EDN&AHPS			X -blue box update existing strategy				X -blue box update existing strategy	X revised strategy not Blue Box
Patient Safety Strategy	2xMarch/October	EDN&AHPS			X				X	
Health Equity Strategy	3 x year(March, August and December in 2022)	EMD	X		X Board workshop			X		X
Childrens Strategy		EDN&AHPS				X - Blue box item				
Quality Strategy	2xyear May and December	EDN&AHPS				X - Blue box item				X
Workforce Strategy	2x year May and December	DW				X - Blue box item				X
Research and Development Strategy	2x year (Feb and August)	EMD		X -blue box not presented in February 2022				X -blue box		
Governance										
Medical Director's annual report	annual	EMD						X		
Nurse and AHP revalidation	annual	EDN&AHPS						X		
Well-led framework	as required	CS								
Annual report	annual	EDFR				X Defer June	X			
Annual accounts	annual	EDFR				X Defer June	X			
Letter of representation (ISA 260)	annual	EDFR				X Defer June	X			
Audit opinion	annual	EDFR				X Defer June	X			
Audit Committee annual report (part of corporate governance report)	annual	CS				X Defer June	X			
Standing orders/standing financial instructions review (part of corporate governance report)	annual	CS						X		
Annual governance statement (part of corporate governance report)	annual	CS				X Defer June	X			
Going concern statement (part of corporate governance report)	annual	EDFR			X					
NHS provider licence compliance	annual	CS				X Defer to June	X			
Committee terms of reference review	annual	CS				X				
Register of sealings	annual	CS				X				
Declarations of interest/fit and proper persons test (part of corporate governance report)	annual	CS			X					
Procurement report	2xyear	EDFR				X - Blue box item				X
Corporate governance update	as required	CS								
Reports										
WDES -annual report and action plan	annual								X	
WRES - annual report and action plan	annual								X	
Equality and diversity - annual report	annual (Dec)	DW	X							X
Sustainability report	2xyear (March and October)	EDO			X				X -blue box	
Safeguarding -annual report	annual	EDN&AHPS						X		
Health and safety compliance report	Annual	EDFR						X -blue box		
Infection prevention control assurance framework	2x year(October and March)				X -blue box				X -blue box	
Infection prevention control annual report	annual	EDN&AHPS				X May from 2022				

Key		
CE	Chief Executive	
EDFR	Executive Director of Finance and Resources	
EDN	Executive Director of Nursing	
EDO	Executive Director of Operations	
EMD	Executive Medical Director	
DW	Director of Workforce	
CEs	Committees' Executive Leads	
CS	Company Secretary	
		X = received
		X = deferred to another meeting
		X = not required

**Trust Board Meeting held in Public: 27 May 2022**

**Agenda item number: 2022-23 (26a)**

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**Title: Audit Committee minutes: 11 March 2022**

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**Category of paper: for noting**  
**History: N/A**

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## **Attendance**

<b>Present:</b>	Khalil Rehman Richard Gladman Ian Lewis	Chair of the Committee, Non-Executive Director Non-Executive Director Non-Executive Director
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<b>In Attendance:</b>	Bryan Machin Diane Allison Peter Harrison David Robinson Mark Dalton Sharron Blackburn	Executive Director of Finance and Resources Company Secretary Head of Internal Audit (TIAA Limited) Internal Audit Manager (TIAA Limited) Director - Public and Social Sector (Mazars) Deputy Head of Internal Audit (Audit Yorkshire)
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**Apologies:**

<b>Minutes:</b>	Liz Thornton	Minutes
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<b>Item: 2021-22 (47)</b>
<b>Discussion points:</b>
<b>Welcome, introductions, apologies and preliminary business</b>
<p>The Chair of the Committee, Non-Executive Director (KR) welcomed everyone to the meeting. The Chair agreed that items on the agenda could be taken out of sequence to allow the Director of for the Public and Social Sector (Mazars) to leave the meeting at 11.00am.</p> <p><b>a) Apologies</b> All members were present.</p> <p><b>b) Declarations of interest</b> No new declarations of interest were made.</p> <p><b>c) Minutes of the meeting held on 10 December 2021</b> The minutes of the meeting were agreed as a correct record.</p> <p><b>d) Matters arising and review of the action log</b>  <i>Item 2021-22 (37a) – SICA report Audit of Professional Assurance:</i> this action would be carried forward to the next meeting. <b>Ongoing.</b></p> <p><i>Item 2021-22 (37a) - SICA report Internal Audit Plan 2021-22:</i> the remaining audits in the 2021-22 plan had been reviewed and the outcome notified to Committee members by email on 12 January 2022. <b>Action closed.</b></p> <p><i>Item 2021-22 (39b) – Risk Appetite Statement:</i> the scores had been reviewed by the Senior Management Team (SMT) and the outcome notified to Committee members by email on 13 January 2022. <b>Action closed.</b></p> <p>There were no further matters arising.</p>
<b>Item 2021-22 (48)</b>
<b>Discussion points:</b>
<b>Internal Audit</b>
<b>a) Summary internal controls assurance report</b>
<p>The Internal Audit Manager introduced the report. The Committee reviewed the progress against the annual audit plan for 2021/22 up to 1 March 2022.</p> <p><u>Completed audits</u> The Committee discussed the executive summary and strategic findings for the four audits completed since the last Committee meeting.</p> <p><u>GDPR</u> This audit had been determined as <b>substantial assurance</b> with no recommendations made. The Committee welcomed the strong assurance provided by the audit report.</p> <p><u>Key financial systems</u> This audit had been determined <b>reasonable assurance</b> with one important recommendation related to the approval levels set for heads of service within the Trusts online procurement system (Oracle), two routine recommendations one related to the management of aged debts and one related to establishing a procedure for the physical verification of IT assets.</p> <p>The Executive Director of Finance and Resources said that he had no significant concerns about the authorisation of invoices in the Oracle system and he believed that the appropriate limits were in place for the majority of users. He said that the error in adjusting the approval limits for the two users concerned had occurred when the system was adjusted to comply with a change to the Standing Financial Instructions.</p>

Non-Executive Director (RG) queried why the Trust's records showed that at the 7 December 2021 2,843 individual laptops were active and had logged on the network in the previous ten days against 2,077 laptops recorded as assets on the register.

The Executive Director of Finance and Resources agreed to investigate this further and report back to the Committee.

**Action:** Clarity to be provided as to why the Trust's records showed that at the 7 December 2021 2,843 individual laptops were active and had logged on the network in the previous ten days against 2,077 laptops recorded as assets on the register.

**Responsible Officer: Executive Director of Finance and Resources**

The Committee agreed that the audit had produced some helpful recommendations and would strengthen a number of the key financial controls which had proved to be challenging to maintain during the Covid-19 working arrangements.

*Quality Challenge*

This audit had been determined **reasonable assurance** with one important recommendation relating to strengthening the links between recorded outcomes from team self-assessments and team improvement plans.

The Committee noted that the audit had been reviewed by the Quality Committee. Members of Quality Committee had agreed that the monitoring of quality across the Trust had been an area of the Trust's work which had been affected by Covid-19.

No questions were raised.

*Emergency response planning*

This audit had been determined **reasonable assurance** with three routine recommendations relating to ensuring that the Trust undertakes a self-assessment against the NHS England core standards for Emergency Response Planning and one operational recommendation about regularly reviewing business continuity plans (BCP).

The Committee noted that the audit had been reviewed by the Business Committee.

Non-Executive Director (IL) asked if the scope of the audit included checking whether teams had tested their BCPs recently by either a desktop or practical exercise.

The Internal Audit Manager said that the audit had reviewed the requirement to record the outcomes from the most recent test in the BCPs not when or how regularly they were undertaken. He confirmed that within the plans reviewed, the outcome of the latest tests had been recorded.

Non-Executive Director (RG) said that it was the Business Committee's responsibility to be satisfied that there was sufficient assurance on emergency planning and business continuity. He observed that it would be sensible for teams to review their plans in relation to resilience and to ensure that they reflected lessons and learnt as a result of Covid-19.

The Company Secretary advised the Committee that a paper on the Board Assurance Framework and draft strategic risks for 2022-23 was due to be presented to the Trust Board on 31 March 2022. This paper would recommend retaining the strategic risk on emergency planning, which is assigned to the Business Committee. Following the Board's approval of the 2022/23 strategic risks, the Business Committee would be asked to review the sources of assurance connected with each delegated strategic risk.

#### Internal audit plan 2021-22

The Chair of the Committee asked for confirmation that all the outstanding audits would be presented to the Committee on 22 April 2022.

The Internal Audit Manager said that three audits were planned for March 2022.

The Executive Director of Finance and Resources informed the Committee that the service-related audits that had not been possible to complete (Wetherby Young Offenders' Institute and Police Custody Suites) would be picked up in the 2022/23 audit plan.

**Outcome:** The Committee:

- noted the contents of the summary internal controls assurance report, including the completion and outcome of four audits, and progress against the 2021-22 plan.

#### **b) Internal audit recommendations update**

The Committee reviewed the recommendations update paper and noted that of the 15 recommendations due for completion by the end of February 2022, one had a revised completion date which had not yet been reached. Of the remaining 14 recommendations, ten had been completed and four had revised completion deadlines of 31 March 2022.

The Committee discussed the overdue recommendations relating to the development of a fire risk assessment procedure and an estate plan to cover gas safety.

The Executive Director of Finance and Resources said that due to unforeseen circumstances, finalising a fire risk assessment procedure had been delayed but he expected a final version to be agreed to meet the revised deadline of 30 April 2022.

The Committee discussed the recommendation concerning a gas safety plan and sought assurance on current compliance with the regulations.

The Executive Director of Finance and Resources said that the recommendation did not suggest that the Trust was not compliant on gas safety but that an Estates Management Plan was not in place.

It was agreed that assurance should be provided on gas safety compliance.

**Action:** Assurance on gas safety compliance across the Trust to be presented to the appropriate governance group / committee

**Responsible officer: Executive Director of Finance and Resources.**

**Outcome:** The Committee:

- noted the update report.

#### **c) Interim Head of Internal Audit opinion**

The Head of Internal Audit introduced the draft year-end report and reminded the Committee that the delivery of the internal audit work for 2021/22 has been impacted by the COVID-19 pandemic. As a consequence, TIAA were not able to complete the reviews of Cross Organisation Pathway Management, Young Offenders Institute and Police Custody Suites.

This had not, however, affected TIAA'S ability to provide an Interim Head of Internal Audit Opinion based on the work carried out.

The draft interim opinion was that:

*"... a reasonable assurance could be given and that there was a generally sound system of internal control, designed to meet the organisation's objectives and that controls were generally being applied consistently. However, some weaknesses in the design and/or the inconsistent application of controls put the achievement of particular objectives at risk."*



On behalf of the Committee the Chair placed on record his thanks to TIAA and the Trust's directors for their efforts to ensure that sufficient internal audit work had been undertaken to gain reasonable assurance during 2021/22.

**Outcome:** The Committee:

- noted the Head of Internal Audit interim opinion.

*The Head of Internal Audit left the meeting.*

**Item 2021-22 (49)**

**Discussion points:**

**External audit**

**a) External audit progress report**

The Director - Public and Social Sector (Mazars) provided a verbal update and confirmed that overall audit progress was on track for the end of year reporting with no significant issues arising which required reporting to the Committee.

**b) External audit strategy memorandum (annual plan and fees year ending March 2022)**

The Director – Public and Social Sector (Mazars) referred the strategy for the year ending 31 March 2022 which had been prepared following initial planning discussions with management. The document summarised Mazars audit scope, approach and timeline. It highlighted significant audit risks and areas of key judgements and provided the details of the audit team. From the work that had already begun, the external auditors confirmed that there were no matters that it wished to bring to the Committee's attention.

The Executive Director of Finance and Resources drew the Committee's attention to the Trust's approach to the valuation of fixed assets for the 2021/22 accounts which he said had been under close review during the last six months. The approach was to undertake a revaluation exercise should the Building Costs Information Service (BCIS) indices issued by the Royal Institution of Chartered Surveyors move by 5% since the last valuation was undertaken. The movement in the indices to the end of March 2022 has been less than had been previously forecast and Management had decided no revaluation exercise was required for the 2021/22 accounts.

He asked Mazars to confirm that they were content with this approach.

The Director-Public and Social Sector (Mazars) confirmed that the external auditors were content with this approach.

**Outcome:** The Committee:

- noted the external audit progress report and the external audit strategy memorandum (annual plan and fees year ending March 2022)

*The Director-Public and Social Sector (Mazars) left the meeting*

**Item 2021-22 (50)**

**Discussion points:**

**Annual report and accounts**

**a) Annual report and accounts planning and progress report**

The Executive Director of Finance and Resources presented the report which had been prepared to provide assurance that the Trust was sighted on the requirements for the 2021-22 annual report and accounts process including a detailed timetable. The Executive Director of Finance and Resources said that all aspects were being completed to timescale.

<p><b>Outcome:</b> The Committee:</p> <ul style="list-style-type: none"> <li>received the timetable for the production of the Trust's annual report and accounts and noted the assurance that all aspects were being completed to timescale.</li> </ul>
<p><b>b) Going concern consideration</b></p> <p>The Executive Director of Finance and Resources presented the going concern paper for consideration by the Committee.</p> <p>The Committee considered the matters in the paper and with an awareness of all relevant information, it concluded that there were no material uncertainties related to events or conditions that may cast significant doubt about the ability of the Trust to continue as a going concern.</p> <p><b>Outcome:</b> The Committee:</p> <ul style="list-style-type: none"> <li>recommended to the Board that it approves the preparation of the 2021/22 annual accounts it does so in agreement that the Trust is a going concern.</li> </ul>
<p><b>c) Changes to accounting policy 2021/22 accounts</b></p> <p>The Executive Director of Finance and Resources presented the paper which informed the Committee of changes to accounting policies which will be used to present the Trust's annual report and accounts for 2021/22.</p> <p>He said that there were no new accounting standards for the 2021/22 accounts. It was noted that there were some minor amendments to the standards that are applicable for 2021/22 and these were noted in the report.</p> <p>The Chair noted that the Director-Public and Social Sector (Mazars) had confirmed that the external auditors were content with this approach before he left the meeting.</p> <p><b>Outcome:</b> The Committee:</p> <ul style="list-style-type: none"> <li>noted there were no new accounting standards for the 2021/22 accounts. and noted the annual reporting requirements adopted by the Trust, in order to comply with the Department of Health Group Accounting Manual 2021/22.</li> </ul>
<p><b>Item 2021-22 (51)</b></p>
<p><b>Discussion points:</b></p>
<p><b>Data security</b></p>
<p>a) Data Security and Protection Toolkit baseline assessment</p>
<p>(Private minute)</p>
<p><b>Item 2021-22 (52)</b></p>
<p><b>Discussion points:</b></p>
<p><b>Financial controls</b></p>
<p><b>a) Tender quotations and waiver report</b></p> <p>The Executive Director of Finance and Resources presented the report which provided the Committee with details on the procurement of goods and services where the procedures on seeking tenders and quotations for items of material expenditure had been waived, including an extract from the 2021/22 register of waivers completed since the last audit committee meeting.</p> <p>The Committee noted the historical data on the total number of waivers for the last three years and the increase in the number approved for 2021/22.</p> <p>The Executive Director of Finance and Resources said that the waiver approval process was rigorous, and he was confident that scrutiny of the justifications underpinning every waiver was extremely thorough.</p> <p><b>Outcome:</b> The Committee:</p>

<ul style="list-style-type: none"> <li>received and noted the report and the extract from the 2021/22 register.</li> </ul>
<b>b) Losses and special payments report</b> The Executive Director of Finance and Resources presented the report which informed the Committee of the losses and special payments made by the Trust and provided assurance on the use of public funds and safeguarding assets.  <b>Outcome:</b> The Committee <ul style="list-style-type: none"> <li>received and noted the report.</li> </ul>
<b>c) Over and under payments and off payroll payments</b> The Executive Director of Finance and Resources presented the report which detailed the over and under payments of salary for the financial year up to the end of February 2022.  The Chair of the Committee noted that in relation to over and underpayments, a number were attributed to errors by staff in Payroll Services and queried if these had been investigated further.  The Executive Director of Finance Resources reminded the Committee that the Trust's Payroll Service was provided by Leeds Teaching Hospitals NHS Trust under a Service Level Agreement.  Non-Executive Director (RG) asked when the next audit of Payroll Services would take place.  The Executive Director of Finance and Resources said that an audit was included in the internal audit plan for 2022/23.  <b>Outcome:</b> The Committee: <ul style="list-style-type: none"> <li>received and noted the report.</li> </ul>
<b>d) Changes to investment policy</b> The Executive Director of Finance and Resources advised the Committee that there were no changes to the investment policy this year.  <b>Outcome:</b> The Committee: <ul style="list-style-type: none"> <li>noted that there were no changes to the investment policy this year.</li> </ul>
<b>Item 2021-22 (53)</b>
<b>Discussion points:</b>
<b>a) Information Governance Group minutes</b> The minutes of the meeting held on 2 December 2021 were presented.  <b>Outcome:</b> The Committee received and noted the minutes of the meeting held on 2 December 2021.
<p><i>David Robinson left the meeting.</i></p> <p><i>Sharron Blackburn joined the meeting.</i></p>
<b>Item 2021-22 (54)</b>
<b>Discussion points:</b>
<b>Internal audit draft strategic plan 2022/23 to 2024/25 and draft operational plan 2022/2023</b> The Deputy Head of Internal Audit (Audit Yorkshire) presented the Internal audit draft strategic plan 2022/23 to 2024/25 and draft operational plan 2022/2023.  She explained that the audit plans were produced at two levels – strategic and operational. Not every relevant area needs auditing each year, and a strategic plan is produced every three years to

accommodate this. It also supports longer term resource planning and helps guide the overall direction of the service.

The report presented an outline strategic plan for 2022/23 to 2024/25 which incorporated the annual operational plan for 2022/23.

The draft plan had been considered at the Quality and Business Committees and by the Senior Management Team. All were content with the plan as drafted and that it reflected an appropriate balance across the portfolio of services provided by the Trust.

The Committee discussed the two audits carried forward from 2021/22 that were deferred as a result of the impact of Covid-19. This along with the factoring additional work for new risk areas e.g. sustainability had resulted in a total of 228 days being required.

The Executive Director of Finance and Resources confirmed that he was recommending that the Committee approve the purchase of the additional 28 days.

**Outcome:** The Committee

- reviewed and approved the internal audit strategic plan 2022/23 which had been drafted by Audit Yorkshire.
- approved the purchase of the additional 28 audit days in 2022/23
- noted the Internal Audit Charter at Appendix C of the report.

**Item 2021-22 (55)**

**Discussion points:  
Committee's work plan**

There were no items removed or changes made to the workplan.

**Item 2021-22 (56)**

**Discussion points:  
Matters for the Board and other committees and review of the meeting**

- Assurance level BAF risk 2.4 (cyber security)

The Audit Committee has been assigned BAF risk 2.4: 'If the Trust does not maintain the security of its IT infrastructure and increase staffs' knowledge and awareness of cyber-security, then there is a risk of being increasingly vulnerable to cyber-attacks causing disruption to services, patient safety risks, information breaches, financial loss and reputational damage'. The Committee recognised that the risk was currently heightened, and that additional demands were being made to ensure it was being adequately controlled. Having reviewed all the information presented, the Committee agreed that it provided reasonable assurance.

The following items were to be included on the Chair's assurance report to the Board:

- Internal Audits completed and Head of Internal Audit (interim) opinion
- Internal Audit draft plan 2022/23
- External auditor's strategy
- Annual report and accounts planning
- Going Concern recommendation
- Data Security and Protection Toolkit submission progress

**Item 2021-22 (57)**

**Discussion points:  
Any other business**

No matters were raised.

**Item 2021-22 (58) Close**

The Chair closed the meeting at 12.15pm

**Date and time of next meeting**

Friday 22 April 2022 10.00am-12.30pm

Wednesday 11 May 2022 10.00am-12.30pm (page turner)

Monday 13 June 2022 10.00am-12.30pm (end of year business)

Friday 15 July 2022 10.00am-12.30

Friday 14 October 2022 10.00am-12.30pm

Friday 16 December 2022 10.00am-12.30pm

**Trust Board Meeting held in public: 27 May 2022**

**Agenda item number: 2022-23 (26b)**

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**Title: Quality Committee PUBLIC minutes 21 March 2022**

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**Category of paper: For noting**

## Attendance

<b>Present:</b>	Helen Thomson (HT) Steph Lawrence Sam Prince Rachel Booth (RBo) Alison Lowe (AL)	Non-Executive Director (Chair) Executive Director of Nursing and AHPs Executive Director of Operations Non-Executive Director Non-Executive Director
<b>In Attendance:</b>	Brodie Clark Diane Allison Sheila Sorby  Thea Stein Stuart Murdoch Claire Gray-Sharpe Emma Tiernan  Caroline Stocks  Francesca Skirrow Nicola Copley	Trust Chair Company Secretary Assistant Director of Nursing and Clinical Governance Chief Executive Deputy Medical Director Head of Clinical Governance (Item 94e) Business Planning Manager (Items 93a & 94e) Clinical Head of Service for Cardiac, Respiratory, TB, CIVAS, and HHIT (Item 93a) Clinical Head of Service, WYOI (Item 92a) Clinical Head of Portfolio 2, Specialist Business Unit (Item 92a)
<b>Apologies:</b>	Ruth Burnett Ian Lewis (IL)	Executive Medical Director Non-Executive Director
<b>Minutes:</b>	Lisa Rollitt	PA to Executive Medical Director

<b>Item: 2021-22 (90)</b>
<p><b>Discussion points:</b></p> <p><b>(a) Welcome and introductions</b> The Chair welcomed members and attendees. Apologies were received from the Executive Medical Director and a Non-Executive Director (IL).</p> <p><b>(b) Declarations of interest</b> In advance of the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda content to ensure there was no known conflict of interest prior to papers being distributed to Committee members.</p> <p><b>(c) Minutes of the previous meeting 21 February 2022</b> The minutes of the meeting held on 21 February 2022 were reviewed and agreed as an accurate record.</p> <p><b>(d) Matters arising and review of action log</b></p> <p><u>2021/22 (81d i) QAIG key issues for escalation: Deep dive 15 February 2022</u> The action was noted as complete.</p> <p><u>2021/22 (82b) Closed culture</u> A verbal update was provided by the Executive Director of Nursing and AHPs (item 90d ii). The action was noted as complete.</p> <p><u>2021/22 (82f) Mortality report: themes in deaths in under 65s</u> The action was noted as complete.</p> <p><u>2021/22 (83a i) Spotlight: CIVAS: DVT incident trend and improvement actions</u> The action was noted as complete.</p> <p><b>i. QAIG key issues for escalation</b> It was noted that the group had met on 15 March 2022 as a workshop to review reporting timelines. The Deputy Medical Director confirmed it had been agreed that the submission dates would remain as they were, however the formal QAIG meeting dates would be brought forwards to the end of the week of submission to enable time for any amendments to be made prior to submission to the Committee.</p> <p><b>ii. Closed culture – update of future feedback</b> The Executive Director of Nursing and AHPs stated that updates on Closed Culture would be provided to the Committee through the Quality Walks which would be included in the Clinical Governance report.</p>
<b>2021-22 (91)</b>
<p><b>Key issues</b></p> <p><b>a) Covid-19 update: current pressures and vaccination update</b></p>



The Executive Director of Operations stated that the transmissibility of the BA2 variant had resulted in an upturn in infection rates in the city, with increasing numbers of people requiring hospital admission and increasing pressure across the system. It was noted that the system was also seeing an increase in Covid related staff sickness.

In response to a query from the Trust Chair, the Committee heard that the Spring booster campaign was commencing today, and the Trust would be encouraging people over 75 and those who were severely immunocompromised to receive a fourth dose. It was noted that the Elland Road vaccination centre would close this week and move to Woodsley Health Centre, with pop-ups and outreach from there. Some staff had also been located at Woodhouse to assist with the School Immunisations and 5-11 year old programmes.

## **2021-22 (92)**

### **Spotlight**

#### **a) Our secure estate – WYOI including update from December 2021 inspection**

The Executive Director of Nursing and AHPs introduced Nicola Copley, Clinical Head of Portfolio 2, Specialist Business Unit, and Francesca Skirrow, Clinical Head of Service, WYOI. The Clinical Head of Service, WYOI gave a presentation in relation to the 24-hour healthcare provided by the Trust to both WYOI and Adel Beck, with a sub-contracted arrangement with the South West Yorkshire Foundation NHS Trust (SWYFT) for Mental Health care. The Committee heard about the increasing complexity of the young people being admitted over recent years and how the service had adapted to meet their needs.

The Committee also heard about the positive initial feedback from the December 2021 Care Quality Commission (CQC) inspection. This included acknowledgement of the infrastructure to building strong partnership working. Difficulties with staffing were acknowledged in the presentation and within the CQC visit where effective mitigation was recognised.

Incident themes were discussed relating to abuse to staff and self-harm, followed by medication related incidents as the two greatest incident categories. The Committee Chair asked about themes relating to Medication incidents. In response, the Clinical Head of Service, WYOI spoke about the trends and safety improvements which had been implemented.

The significant increase in self-harm incidents was noted in May and June 2021 relating to a small number of young people with complex mental health needs awaiting a specialist bed within the Mental Health system. It was also noted that this occurred at a time when the admission of female young people was introduced in to WYOI.

The presentation was well received by the Committee with a suggestion that it could be an ambition of the Trust to provide healthcare services to other prisons in the area.

A Non-Executive Director (RBo) suggested that further exploration of Mental Health care for individuals prior to offences would be helpful to influence care pathways as well as sharing young people's experiences of the youth and justice system to influence national systems and processes. This was discussed and agreed that the service would consider this.

**2021-22 (93)****For discussion: Business cases**

Please refer to the private minutes.

**2021-22 (94)****For discussion: Quality governance and safety****a) Performance Brief**

The Executive Director of Nursing and AHPs presented the report, highlighting the incidence of a Category 4 Pressure Ulcer which was under review in the Seacroft Neighbourhood Team. It was acknowledged that should the review find that this was due to a lapse in care, it would exceed the Trust's trajectory of zero for the year. It was noted that early learning from the incident evidenced concerns around a lack of senior clinical oversight and work was ongoing to ensure this was in place on a daily basis. The Executive Director of Nursing and AHPs also highlighted feedback following a deep dive into the MSK and Rehabilitation service which reviewed the impact on patients during the pandemic following the pause and re-commencement of the service.

A Non-Executive Director (RBo) asked about the concerns around lack of senior clinical oversight at the Seacroft NT. The Executive Director of Nursing and AHPs confirmed that this was a recruitment issue in addition to unplanned absences, however work was underway to address this.

A Non-Executive Director (AL) asked about the medical devices incidents, related to bio-connectors, and the processes for identifying faulty equipment. The Executive Director of Nursing and AHPs assured the Committee that the Trust Medical Devices Safety Officer was developing more robust systems for inventories, incident reviews and incident reporting.

The Executive Director of Nursing and AHPs stated that FFTs continued, and it was noted that in addition, the Trust was considering additional ways to feedback other means of patient experience consistently from all services. It was acknowledged that this would be a subject for discussion at the Patient Engagement workshop in April 2022 and would be included in the development of the updated Patient Engagement and Experience Strategy in 2022.

A Non-Executive Director (AL) asked about the poster which had been taken down at a health centre as it was considered to be inappropriate. The Executive Director of Nursing and AHPs agreed to investigate and confirm the details around this.

**Action: Confirmation of the details around the removal of a poster at a health centre which had been considered to be inappropriate.**

**Actionee: Executive Director of Nursing and AHPs**

The Committee Chair referred to the details in the report around people with a long wait to be seen in Community Gynaecology and asked about its impact. It was confirmed that these people had now been seen. The Executive Director of Operations spoke about the referral pathway into the Community Gynaecology service and the issues faced, which were being addressed whilst looking at streamlining the process.

A Non-Executive Director (AL) referred to retention and leavers, asking if the Trust monitored leavers by protected characteristics in order to develop a plan to understand why they are leaving. The Executive Director of Operations stated that the data was being collected and would investigate and confirm where this was reported.

**Action: Monitoring of leavers protected characteristic data to be investigated to determine where this is reported.**

**Actionee: Executive Director of Operations**

**b) Clinical Governance report**

The bi-monthly report was presented by the Executive Director of Nursing and AHPs who highlighted that there was one open Patient Safety Alert for assessment by the Trust. Also highlighted was the inclusion of the Patient Safety Strategy update and information around the backlog of Deep Tissue Injury pressure ulcers, which was identified in the previous report. It was confirmed this had been actioned and of those reviewed, it was noted that none had progressed to a serious incident for lapses in care. The potential theme of delays in referrals between Neighbourhood Teams and the Podiatry service was also highlighted, noting that this was being monitored to ensure the revised process was embedded across the teams.

The Committee was pleased to hear about the Achieving Reliable Care for Safety (ARCS) work that was ongoing with the aim of enabling more effective rehabilitation across the Alliance Recovery Hubs and support the improvement of clinical outcomes and optimisation of length of stay.

It was noted that there has been a significant reduction in complaints and concerns since the Leeds Sexual Health phoneline had been upgraded.

The Executive Director of Nursing and AHPs also highlighted the work around Learning Disability, and learning from deaths, noting the work to attract more nurses into the profession who wished to study nursing via the Learning Disability route.

The Committee heard that the Quality Walks were due to recommence from April 2022, beginning with the teams of most concern.

A Non-Executive Director (RBo) spoke about the development of the nurse apprenticeship roles within the Trust and asked if there was a plan to showcase this work. The Executive Director of Nursing and AHPs spoke about plans to expand the work and would include looking at how the Trust could promote this.

The Non-Executive (RBo) also asked about the ongoing work with regards to recruitment in the Community Dental Service (CDS). The Committee heard that the Trust had recruited a full-time dentist who was due to take up their position in early Summer 2022. It was agreed that a paper for the CDS which had been presented to the Adults, Health and Active Living Scrutiny Board working group providing details on how the Covid pandemic impacted the service and the current position in relation to waiting times would be shared with the Committee ahead of a more detailed paper on the Dental Transformation Programme later in the year.

**Action: Paper for the CDS presented to the Adults, Health and Active Living Scrutiny Board working group providing details on how the Covid pandemic impacted the service and the current position in relation to waiting times to be shared with the Committee.**

**Actionee: Executive Director of Operations**

The Committee Chair asked about Freedom to Speak Up information on safety issues. The Executive Director of Nursing and AHPs confirmed that the issues were addressed locally, and any themes would be reported to the Board.

**c) Neighbourhood Triangulation report**

The Executive Director of Operations presented the report, stating that the Trust was working with a noted capacity gap despite an increase in self-management facilitators and non-registered staff, and a step change in demand.

The Executive Director of Operations also spoke about appraisal rates which had increased following the introduction of abridged appraisals.

A Non-Executive Director (RBo) referred to the increase in long term staff sickness rates and queried if there were any themes identified. The Executive Director of Operations stated that the rates were in part related to work related stress and long Covid-19. Assurance was given to the Committee that this was being monitored in relation to managerial processes for supporting colleagues on long term sick leave.

In response to a query from the Trust Chair, the Executive Director of Operations confirmed that the Neighbourhood transformation project would provide a re-calibration of staffing requirements, taking into account skill mix and how the Trust works differently. It was acknowledged that this would not necessarily resolve the capacity gap due to national shortages in available professionals.

The Executive Director of Operations stated that a step change increase in referrals from Primary Care and hospitals occurred in April 2020, which had been sustained. It was expected that this would continue and would be addressed in an integrated manner.

**e) Operational Plan**

The paper was presented by the Business Planning Manager and Head of Clinical Governance who provided an update following the Trust Board workshop on the Trust's four strategic goals with the underpinning proposed Trust priorities. The Committee were pleased to see the linkage to strategic priorities and the Board Assurance Framework risks. The focus on all communities and health inequalities was well received and believed to capture the Board workshop conversations well.

**f) Risk Register**

The Company Secretary presented the paper, highlighting one escalated risk relating to IT support desk staff capacity, one de-escalated risk in relation to health records and one closed risk related to patient safety incidents.

The Committee received the paper and had no further questions.

**g) IPC Assurance Framework**

The Executive Director of Nursing and AHPs presented the paper highlighting the limited assurance around centrally held fit testing records and the ongoing work to ensure a more robust process.

The Executive Director of Nursing and AHPs drew the Committee's attention to the ongoing work in relation to the Implementation of the National Cleaning Standards, due by November 2022.

The Committee received the update.

**h) Asymptomatic staff testing**

The paper was presented by the Deputy Medical Director who reported that testing was well embedded in the organisation, with the number of people opting out being minimal. The Committee heard how, since the move to a national reporting system, the Trust had been unable to access local data reliably.

It was noted that concerns were being managed in relation to accessing LFTs from April 2022. It was acknowledged that the Trust had confirmed staff would not be expected to pay for tests, however it was noted that guidance on national arrangements for accessing kits for health and social care staff was still awaited.

The Company Secretary requested that the Committee agreed a recommendation to Board to cease reporting on asymptomatic testing due to the inability of accessing local reliable data. The Committee agreed with the request.

**2021-22 (95)**

**For discussion: Clinical Effectiveness**

**a) Patient Group Directions**

The Committee received and ratified the Patient Group Direction.

**b) Clinical Audit plan**

The Executive Director of Nursing and AHPs presented the audit programme plan for 2022/23. The impact of Covid-19 was noted, with a request for outstanding plans to be submitted within the next six weeks, to ensure inclusion in the forthcoming year's audit activity.

The Committee accepted the proposed programme.

**2021-22 (96)**

**For discussion: Patient Experience**

**a) Patient Led Assessment of Care Environment (PLACE) summary**

The Executive Director of Nursing & AHPs presented the paper and informed the Committee that due to the Covid-19 pandemic there had been no PLACE inspections undertaken since 2019. Due to changes within the Trust over this time, a voluntary assessment had taken place at Hannah House, which was currently the only in-patient service in the Trust.

The Committee noted the report and recommendations.

**b) Patient engagement strategy update**

The Executive Director of Nursing & AHPs presented the paper which provided an update on the work to date as part of the year 2-year operational plan of the strategy.

A Non-Executive Director (AL) suggested that the strategy would benefit from more thought about how people could influence their own journey and national direction of services.

The Committee was supportive of the planned working group in April 2022 with partners, to strengthen the renewed strategy.

**2021-22 (97)**

**Committee Governance**

**a) Quality Committee Annual report**

The Assistant Director of Nursing and Clinical Governance presented the paper and requested the inclusion of participation in meetings by telephone, video or by other electronic means in the terms of reference. The Committee agreed to the request.

There was a conversation around the work to address the issue of consistency and length of Committee papers. It was acknowledged that the work was progressing and agreed that the quality of papers would be reviewed at the end of each meeting with the intention of highlighting particularly good papers

The Committee approved the paper.

**b) Board Assurance Framework (BAF) activity report**

The Company Secretary presented the report stating that it provided a summary of the five strategic risks that the Committee was charged with providing assurance to the Board on and demonstrated the extent to which each risk had been considered by the Committee.

It was noted that the report provided an improved situation regarding the number of levels of assurance provided for Risk 1.2 New Care Models clinical governance.

It was agreed that there was value in a process to review BAF risks and the report was accepted by the Committee.

**2021-22 (98)**

**Sub-Group minutes**

**a) Safeguarding Committee minutes**

The Executive Director of Nursing and AHPs informed the Committee of the recognition of work in Leeds in relation to the standard of Child Protection Medicals against The Royal College of Paediatrics (2021) guidance.

The Committee also heard that, in relation to the two rapid review cases, more detail would follow.

The Committee received the minutes.

<b>2021-22 (99)</b>
<b>For noting</b>  <b>a) Work plan</b> The Committee received the workplan.  <b>b) Items from the work plan not on agenda</b> The items were noted.
<b>Matters for the Board</b>
<b>2021-22 (100)</b>
<b>Committee's assurance levels and additional comments</b> The Committee agreed the following:  Risk 1.1 Reasonable assurance was agreed.  Risk 1.2 It was agreed that there were no obvious items on the agenda that related to this risk  Risk 1.3 Reasonable assurance was agreed with the following comment: <i>Good level of assurance from WYOl presentation. Awaiting formal report for WYOl CQC report for further assurance.</i>  Risk 1.4 Limited assurance was agreed with the following comment: <i>Work in progress to improve assurance in relation to patient engagement / experience.</i>  Risk 1.5 Reasonable assurance was agreed with the following comment: <i>Whilst acknowledged staffing resource is not where need to be and has potential safety implication, Committee received assurance this is being monitored and any risk mitigated.</i>
<b>2021-22 (101)</b>
<b>Reflections on Committee meeting</b> The Trust Chair referred to a number of papers which had been received in today's meeting which he felt did not receive the recognition they deserved, particularly item (97a) Quality Committee Annual report.
<b>2021-22 (102)</b>
<b>Any other business</b> There was no further business discussed.
<b>Date and time of next meeting</b> Monday 25 April 2022 9.30am – 12.30pm (Via MS Teams)

**Business Committee Meeting  
Microsoft Teams / Boardroom, Stockdale House  
Wednesday 23 March 2022 (9.00 to 12.00 noon)**

<b>Present:</b>	Richard Gladman (Chair)	Non-Executive Director
	Thea Stein	Chief Executive
	Bryan Machin	Executive Director of Finance & Resources
	Sam Prince	Executive Director of Operations
	Helen Thomson	Non-Executive Director (HT)
	Khalil Rehman	Non-Executive Director (KR)
<b>Attendance:</b>	Brodie Clark	Trust Chair
	Laura Smith	Director of Workforce (LS)
	Diane Allison	Company Secretary
	Cara McQuire	Risk & Safety Manager (for item 90)
	Rebecca Mazur	Senior Health and Safety Advisor (for item 90)
	Emma Tiernan	Business and Planning Manager (for items 91 and 92)
	Claire Gray-Sharpe	Head of Clinical Governance (for item 92)
<b>Apologies:</b>	None recorded	
<b>Note Taker:</b>	Ranjit Lall	PA to the Exec Director of Finance & Resources

**Item 2021/22 (88): Welcome and introductions**

**Discussion points:**

The Committee Chair welcomed everyone to the meeting.

**a) Apology:** None recorded.

**b) Declarations of interest**

Prior to the Committee meeting, the Committee Chair considered the Trust Directors' declarations of interest register and the agenda to ensure there was no known conflict of interest prior to papers being distributed to Committee members. No additional potential conflicts of interest regarding the meeting's agenda were raised.

**c) Minutes of meeting dated 23 February 2022**

The minutes of Public and Private meeting dated 23 February 2022 were noted for accuracy and approved by the Committee.

**d) Matters arising and review of action log**

The Committee reviewed the action log and noted updates as follows.

***Item 2021/22 (39b): Premises Assurance Model***

The Executive Director of Finance and Resources reported that the work on the action plan around premises management was continuing. A written report would be made available for April 2022 meeting.



<p><b><u>Item 21/22 (61): Service spotlight (ICAN)</u></b></p> <p>It was noted that the change model described at the presentation to the Committee was more about offering digital appointments rather than face to face. The information had now started to flow in and the data on digital collection would be reported at a future meeting.</p> <p><b>Action deferred to June 2022.</b></p>
<p><b>Item 2021/22 (89): Covid and system pressures</b></p>
<p><b>Discussion point:</b></p> <p><b>Covid and system pressures update</b></p> <p>The Committee received an update on the local situation including current infection rates, the system challenges, and the latest information on the vaccination programme.</p> <p>Pressures on the health system continued and A&amp;E had been very busy that week. The bed occupancy rate was high and there were still many people in hospital awaiting discharge due to delays in home care and care home placements. The Neighbourhood teams continued to work within the system to try and improve the situation.</p> <p>The Spring booster campaign had started on 21 March 2022, targeting the over 75 years old, starting in the care homes with the aim of trying to reduce the number of admissions.</p> <p>In response to a question about Covid restrictions, the Executive Director of Operations said that she was still waiting for national guidance on public health. In the meantime, it was important as an organisation to continue to have measures in place to protect and keep patients and staff safe. She said staff should continue to be socially aware and maintain 2 metre distance and masks were required in all LCH premises by patients and staff.</p> <p>The Committee Chair thanked the Executive Director of Operations for the update.</p>
<p><b>Item 2021/22 (90): Service focus</b></p>
<p><b>Discussion point:</b></p> <p><b>Risk and Safety Team (Presentation).</b></p> <p>Representatives from the Risk and Safety Team joined the Committee meeting to present information about the team's responsibilities and activities, and the challenges presented in particular by the pandemic in relation to health and safety regulatory requirements and how the Trust had complied with these. They also described the improvements made since the Health and Safety Executive inspection, the current risk and issues, and an indication of the maturity of the Trust's health and safety culture. The team also provided details of areas they would be focussing on for the year ahead.</p> <p>The Committee was invited to comment and ask questions following the presentation.</p> <p>A Non-Executive Director (HT) asked about performance improvement measure. The Risk and Safety Manager said that there were existing key performance measures; both reactive and proactive processes in place and also improvement indicators through the audit process. A long-term programme was in place to review training, communication, safety culture, and the risk assessments, having safe working procedures in practice, and key performance indicators monitoring actions and noting improvements.</p> <p>In respond to a question from the Trust Chair about homeworking safety arrangements, the Risk and Safety Manager said that the Trust was responsible for making sure that people working at home were equipped with equipment they needed and that they carried out their assessments</p>

correctly. The Trust needs to make sure that if people were lone working, systems were in place to check on staff safety and welfare, and the display screen equipment was set up correctly

The Trust Chair asked if there was more that could be done to check that staff are working in a safe and healthy environment. The Risk and Safety Manager said that it was for managers understanding what their staff needed and raising that awareness with them. The Safe Working Group took the lead to make sure all the equipment was available to staff who required it.

The Trust also currently provided extended access service to GP Confederation, and it was noted that this service would cease after the end of March 2022.

A Non-Executive Director (KR) said in due course, outcome and output measures could help to understand that journey to an improved safety culture. Secondly, he said that benchmarking and learning from best practices within NHS and outside is another challenge to consider and that he would welcome the opportunity to see benchmarking against other organisations.

It was agreed by the Committee that more could be done to embed a strong safety culture amongst all staff. Further discussions were to be continued in the Senior Management Team meeting to support with some of the practicalities of improving the safety culture across the organisation.

The Committee Chair summarised the discussion to say that there was still further work to be undertaken. As part of the Board Assurance Framework (BAF) there are a set of strategic risks and one of them was to do with health and safety, needing to identify the sources to give assurance and identify where the gaps were in terms of current measures or understanding what the current situation is and making good progress.

The Committee Chair thanked the Risk and Safety Team representatives for their update.

#### **Item 2021/22 (91): Business and Commercial Development**

##### **Discussion points:**

##### **Cardiac and Pulmonary Rehab Business Case**

*(Please see private minutes)*

#### **Item 2021/22 (92): Finance and Planning**

##### **Discussion point:**

##### **a) Operational Plan (priorities) 2022/23**

The Committee Chair welcomed the Business and Planning Manager and the Head of Clinical Governance to the meeting.

The draft 2022/23 operational plan outlined the strategic framework for 2022/23. This year the key priorities developed were directly aligned to provide evidence in the achievement of the four strategic goals as follows:

- To deliver outstanding care
- Use resources wisely and efficiently
- Ensure workforce community is able to deliver the best possible care in all of the communities that the Trust work with
- To work in partnership to deliver integrated care, care closer to home and reduce health inequalities.

The paper outlined an operational plan summary following a Board Workshop held on 4 March 2022. The Business and Planning Manager said that underneath each priority there was a short

commentary about the evidence of strategic direction and achievement of the organisation's ambition linked to the strategic goals and priorities.

The Committee was asked to consider and agree the wording of each of the four priorities before reflecting at the Trust Board Meeting on 31 March 2022 followed by further discussions and agreement of timescale at the Senior Manager Team (SMT) meeting on 6 April 2022.

The Head of Clinical Governance added that whilst the priorities were aligned to a specific goal, they had also been developed to demonstrate mitigation against the organisation's risks.

A Non-Executive Director (KR) reflected on the terminology and language describing working proactively across the Leeds Place to improve health outcomes and to support services to understand their health equity data and use it to target harder to reach communities. He said that they were not 'hard to reach' but were less engaged.

A Non-Executive Director (HT) felt that there were two elements to the priority about supporting workforce to recover and flourish, with enhanced focus on resourcing and health & wellbeing; the resourcing plan and aiding or supporting staff recovery. The Workforce Director (LS) said that she could add a sentence to the narrative to make it more specific about deployment and skill mix models.

The Trust Chair said that in terms of this priority and the year ahead, work around recruitment and not losing existing staff was an important piece of work. The Workforce Director (LS) agreed with the Trust Chair and said that the existing wording describing keeping and attracting staff would be reviewed to enhance the wording.

The Committee Chair said that the three big topics for the year ahead should be based on new innovative model partnering with others, supporting existing workforce, and having enough capacity in the system. He said that the challenge was going from 18 priorities in the previous year's down to 4 and doing justice to the granularity on some of those bigger priorities.

#### **Outcome:**

The Committee noted the contents of the paper and provided feedback on the priorities prior to submission to the Trust Board for approval on 31 March 2022.

#### **b) Revenue and Capital Budgets 2022/23**

The Committee reviewed the revenue expenditure budget and the capital budget. The Executive Director of Finance and Resources described the context in which the budget had been set, and the risks associated with it.

The Executive Director of Finance and Resources summarised the key points in the paper. He said both the revenue and capital budgets should allow the Trust to continue to make good progress on its priorities for 2022/23.

Finance Directors had worked together across West Yorkshire and Leeds to agree that the national approach of rolling forward the 2021/22 H2 allocations should be applied locally.

The Executive Director of Finance and Resources provided details of the budget allocations to the Trust about revenue income streams, funding for commissioned developments, cost inflation and, subject to final agreement by the Integrated Care Boards, of capital resource allocations.

In respond to a question from a Non-Executive Director's (KR) about funding, the Executive Director of Finance and Resources said that Directors' business cases for addressing cost pressures or priorities had been prioritised by SMT and all prioritised cases had been funded.

The Trust Chair was interested in the process, mechanisms, or the principles. He asked about the assurance around the future financial arrangements in the City continuing to support the

development and growth of community services. It was noted that the process would be monitored by the Population Health Board, who will consider where it wants to invest across the City to improve the health of the population and make recommendations on the allocation of new resources or how any existing resources are re-allocated. The Trust would have influence on those Health Boards and be involved throughout the year to understand more how the systems would work in future.

The Committee Chair asked about the national policy around improving community care and how resource would flow. The Executive Director of Finance and Resources said that he was comfortable with commissioners' investment in services the Trust provided over the past two years but there were unresolved issues of recurrent funding, and the Trust would wish to see further investment in community-based services in furtherance of the City's health and wellbeing strategy.

The Committee was advised that it was likely that it would be staff capacity rather than financial resources that would constrain continuing reduction in the waiting lists.

The Director of Workforce (LS) said that at present the recruitment of new starters was just about keeping pace with the number of leavers. She said that different methods were being tried, recruiting differently to seek out different talent pools including international recruitments.

**Outcome:**

The Committee recognised the uncertainty of the current financial planning context. The Committee agreed to recommend that the Board should approve the proposed revenue and capital budgets for 2022/23.

**Item 2021/22 (93): Strategy**

**Discussion point:**

**Third Sector Strategic update**

The Committee reviewed the 'Plan on a page' that described the current activities where the Trust had partnered with Third Sector organisations. The Plan provided an overview of progress across the four workstreams of year one implementation plan.

It was noted that in November 2021, most of the work, including steering group meetings, had been paused because of service pressures. Activities had now re-commenced.

A Non-Executive Director (KR) was pleased to note great success around various specific service orientated collaboration through partnership work, especially around capacity building and sustainability. He suggested that a future paper could illustrate the non-financial resources a before and after diagram highlighting engagements with the Third Sector within the year. Finally, he asked about the feedback, which would be useful, from the Third Sector.

The Executive Director of Operations said that the colleagues from the Third Sector have said that other organisations in Leeds were following the Trust's lead. She said the Trust was working together in true partnership with the Third Sector. The non-financial resource information would be included in the next update.

The Trust Chair asked about any major success stories in terms of work going forward and making a difference and having an impact. The Executive Director of Operations said that the three major successes of working alongside the Third Sector were: improving accessibility in health centres for the visually impaired, involving children from the Gypsy and Traveller communities in the Youth Board, and the Enhance programme which aimed to support discharge and reduce admissions.

The Trust Chair suggested inviting some of those organisations to a future Board Workshop to spend time sharing aspirations and successes. The Committee Chair said it would be good to

have the opportunity to meet some of the partners and sharing their enthusiasm and showing appreciation of their work.

**Outcome:**

The Committee received the strategy update and were assured about progress in implementing the year one plan.

**Item 2021/22 (94): Change Programme Management**

**Discussion point:**

**Priority Projects List**

The Executive Director of Operations advised the Committee that the Senior Management Team (SMT) had considered the projects for the next year and were reviewing the allocation of resource to make sure the projects succeeded.

A final list of priority projects would be available at the next meeting in April 2022.

**Item 2021/22 (95): Performance Management**

**Discussion points:**

**a) Performance Brief and Domain Reports**

The Executive Director of Finance and Resources introduced the Performance Brief and Domain reports. The key issues to consider were provided in the executive summary.

The first three domains, Safe, Caring and Effective were considered at the Quality Committee meeting on 21 March 2022. The Business Committee focused on the three remaining domains.

The Committee was advised that there were reduced sickness absence levels in February 2022, however Covid absence continued.

The Director of Workforce (LS) said that turnover was clearly a concern, and now for several months being above maximum threshold of 14.5%. She said in terms of the February 2022 figures, the turnover continued to increase but there were fewer leavers in February 2022 than there had been in January 2022. The turnover in people with less than 12 months service was fewer than four whole time equivalents in February 2022.

The Trust Chair was concerned about staff turnover and asked whether sufficient information was received from leavers as to why they were leaving. The Director of Workforce (LS) responded to say that they were seeing lots of voluntary resignations in the reasons on the leavers form. More granular details were obtained from exit questionnaire and exit interviews.

A Non-Executive Director (KR) added that the consistency of exit interviews and the consistency of understanding why people were leaving could be strengthened and experimented with engaging with a third party to provide that service. Furthermore, he asked about the 'barriers to stay' conversation which he said had become structured within a number of leading corporate groups outside the NHS, not part of an appraisal but actively built in. The Committee Chair said that in April 2022, time had been allocated on the Committee's agenda to discuss workforce matters.

The Committee Chair was concerned about the future hybrid workforce model. He sensed there may not be much of a bond between teams and people felt that the impact of Covid had fractured their teams. He said that when developing the future working model, one factor to build in was making sure that people believed that they were being well-led and that they were a part of a team in a culture that they want to stay in.

## **FINANCE**

The Committee was assured that at year-end there were no issues to report.

### **Waiting List Position**

The Executive Director of Operations introduced the waiting list paper which tried to demonstrate and understand the position. The operational challenges were maintaining systems flow which was the City's priority, managing and reducing waiting lists, and the health and wellbeing of staff.

The report provided an update on the work being done to validate waiting lists, recovery plans, and the consideration being given to health inequity when prioritising the waiting lists. The report focussed on the services where challenges remained. The Committee was advised work continued to explore different ways of working to manage demand.

The Committee Chair noted that the funding for extra staff was making a difference in tackling the waiting list and would that carry on and asked about financial capacity in next year's budget to be able to continue those schemes in the new year. The Executive Director of Operations agreed that this should continue if possible. The Trust Chair was concerned about the impact on staff health and wellbeing which was the number one priority.

The Committee Chair suggested there could be more regular waiting list monitoring structure, but recognised capacity pressures and a number of issues were going to persist because of the ongoing impact of the pandemic.

### **Outcome:**

The Committee agreed that the report provided a good overview of the difficult situation, recognising that demand was increasing in some services which put further pressure on waiting list management.

### **b) Operational and non-clinical risk report**

The summary report showed changes to non-clinical risks on the risk register. No risks had been added to the Trust's risk register since the last report in February 2022 and one risk had been escalated: Risk 1025 IT (Helpdesk) support capacity.

The Executive Director of Finance and Resources advised the Committee that an IT helpdesk manager had now been recruited. In the meantime, he had initiated conversation with the Chief Digital Information Officer from the CCG about IT arrangements across the City. A representative from the CCG would attend April's Business Committee to discuss this further.

The Committee was made aware of the content of the appendix detailing the 43 non-clinical risks on the risk register, that were graded 8 and above.

### **Outcome:**

The Business Committee was assured that non-clinical risks were being appropriately managed.

### **c) Quality, staffing and finance: triangulation report**

The Quarter 3 report which was also considered at the March 2022 Quality Committee meeting described the ongoing impact of Covid-19 and other pressures on the Neighbourhood Teams. SMT had been supporting the service during the quarter and the service was currently working on a plan to achieve stability in the next period, taking account of the ongoing pressures in the operating environment.

The Committee Chair suggested that consideration was given to how this report could be incorporated into future performance reports in order to consolidate reporting.

### **Outcome:**

The Committee noted the content of the report which reflected the earlier conversations about challenges around staff capacity and wait lists.

## Item 2021/22 (96): Governance

### Discussion points:

#### a) **Business Committee annual report and review of terms of reference**

The Company Secretary said that the annual report, once agreed, would be presented at the Audit Committee in April 22 to demonstrate that the Committee had complied with its terms of reference. This was also an opportunity for the Business Committee to review its Terms of Reference and to determine any changes that were required.

There was one suggested amendment to the terms of reference which was to recognise the opportunity to work virtually or hybrid-virtually in some meetings. The report also contained a summary of the effectiveness review that had taken place and there were some individual comments included as a result of that review. The Committee was asked to consider whether there were any actions the Committee wanted to include in the report in terms of improvement.

The Committee agreed to the suggested amendment in the terms of reference and gave its approval for submission to the Audit Committee.

The Committee agreed the following actions:

- there will be a continued focus on workforce issues, utilising the meetings that fall between Board meetings for deeper dives
- additional assurance will be sought for the (BAF) health and safety strategic risk
- with consideration for Covid infection rates, the Committee will continue to review its in-person / virtual meeting arrangements and respond accordingly.

#### **Outcome:**

The Committee reviewed and agreed its annual effectiveness report and agreed to some minor changes in its terms of reference.

#### b) **Board Assurance Framework summary of activity**

The Committee received a report that demonstrated the extent to which each strategic risk had been considered by the Business Committee since it had adopted the revised assurance process in July 2020.

The Company Secretary said that the Committee provided assurance to Board on the eleven Business Committee strategic risks assigned from the Board strategic risks. She said there were two particular risks that had few items of assurance for the Committee to review: leadership capability and partnership governance arrangements.

The Company Secretary advised that, at its meeting on 31 March 2022, the Board was to review all of the strategic risks to make sure they were still appropriate and strategic. Amongst other proposed changes, there would be a recommendation for an additional strategic risk about wait lists to go on to the BAF.

The Committee agreed to review its workplan and incorporate more items that could provide assurance on these two strategic risks. The Committee was also supportive of having a new strategic risk included in the BAF that described the current and future challenges associated with managing backlogs/waiting lists.

The Committee Chair said that this reinforces to create a space for workforce topics. There was an opportunity to look at staff capacity, recruitment, retention, and staffing models in greater depth.

**Outcome:** The Committee members were comfortable with the analysis received and agreed to increase its focus on the two strategic risks that have not had sufficient scrutiny.

<p><b>c) Health &amp; Safety Group annual effectiveness report and terms of reference review</b></p> <p>The Executive Director of Finance and Resources introduced the report and was pleased to say that the group continued to develop.</p> <p>The Health and Safety Group had begun to look at the culture of the organisation and how to move from factual reporting to learning and embedding and changing the culture to a health and safety culture in the organisation.</p> <p>The Health and Safety Group had carried out the majority of its duties during 2021 and was now working towards being able to execute all its duties as outlined in the Terms of Reference. The report detailed the actions to address the duties that were more difficult to achieve.</p> <p><b>Outcome:</b></p> <p>The Committee noted the content of the report and reviewed the terms of reference and no amendments had been proposed.</p>
<p><b>Item 2021/22 (97): Minutes to note</b></p>
<p><b>Discussion points:</b></p> <p><b>Health and Safety Group minutes (Chair approved) – (17.02.22)</b></p> <p>The Committee noted the minutes.</p>
<p><b>Item 2021/22 (98): Matters for the Board and other Committee</b></p>
<p><b>Discussion point:</b></p> <p><b>Assurance levels</b></p> <p>The Committee reviewed and discussed the levels of assurance for the strategic risks related to the following agenda items:</p> <ul style="list-style-type: none"> <li>• Risk and Safety Team presentation</li> <li>• Operational Plan</li> <li>• Revenue and Capital Budgets</li> <li>• Third Sector Strategy</li> <li>• Performance Brief and Domain reports</li> </ul> <p>The Committee agreed a reasonable level of assurance on all the papers and topics discussed in today's meeting.</p>
<p><b>Item 2021/22 (99): Business Committee Governance</b></p>
<p><b>Discussion point:</b></p> <p><b>Future work plan</b></p> <p>The Committee reviewed and noted the work plan and rescheduled deferred items.</p>
<p><b>Item 2021/22 (100): Any other business</b></p>
<p>None discussed.</p>